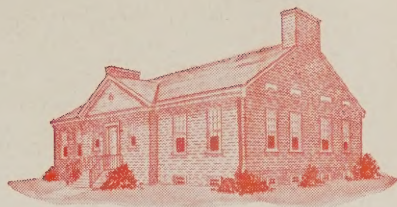
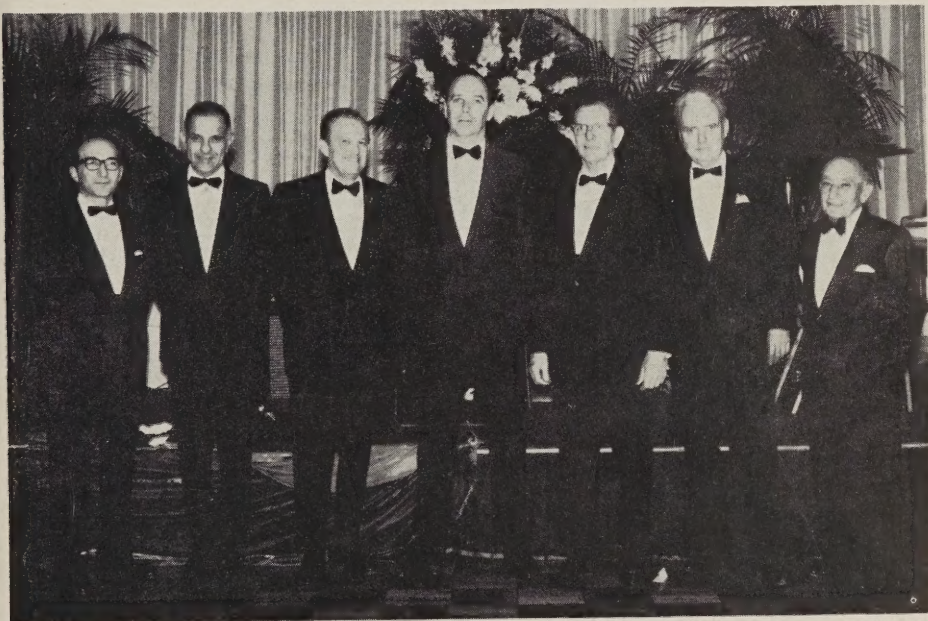


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THE **M**ARYLAND PHARMACIST



Baltimore Metropolitan Pharmaceutical Association Officers — 1968



Photos by Paramount Studios

Association officers clockwise— Nathan I. Gruz, Executive Secretary; Anthony G. Padussis, Vice President; Bernard B. Lachman, President-elect; Donald O. Fedder, President; Max Krieger, Vice President; Charles E. Spigelmire, Treasurer; and Louis M. Rockman, Honorary President.

PHYSICIAN/PHARMACIST CODE OF CO-OPERATION

(SEE PAGE 276)

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801449

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Dear Sirs:

- ☐ Send me a copy of your complete new 1968 Retailer's Catalog with product descriptions and prices for Faultless Home Health Products.
- ☐ Have an Abbott Representative call on me to discuss Special Discounts available through February 29, 1968, and/or bonus display merchandisers

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PHARMACY _____

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CITY _____ STATE _____ ZIP _____

The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume XLIII

JANUARY, 1968

No. 4

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Editorial

Representation For Pharmacy Status, Goals and Implementation

In virtually all matters pertaining to health the record shows that the medical profession is consulted. Physicians, usually as represented by their medical society, are understandably included as an integral part of every medical effort or program.

However, in many cases pharmacy has not been afforded the opportunity for representation in important bodies concerned with medical care. Often pharmacists and their Associations have been overlooked or ignored and have not been consulted on matters which involve total health care. This situation is particularly intolerable when pharmaceutical services and drugs are involved.

The public is entitled to have the benefit of the unique education and expertise of those who specialize in pharmaceutical services and products. Those involved in decision-making in both governmental and non-governmental sectors are derelict in fully discharging their responsibilities when they neglect to consult or to incorporate representatives of pharmacy in health, welfare and community programs.

A great deal of the difficulty encountered by pharmacy regarding pharmacy services under the programs of both governmental and non-governmental groups has resulted from failure to assure that pharmacy is in on these programs from the initial planning stages.

A prime example is the matter of pharmaceutical services in Neighborhood Comprehensive Health Centers sponsored by the Office of Economic Opportunity (OEO). Organized pharmacy was not consulted or given an opportunity to participate in developing programs and guidelines from the outset. In turn, it must be pointed out that organized pharmacy nationally, even after being alerted, did not assign the highest priorities to OEO.

The profession of pharmacy must be consulted and must be included in every program where the delivery of total health care is the goal.

No decision which affects the profession of pharmacy—no policy which concerns pharmacy services and drugs—can be automatically acquiesced in without the participation of pharmacists or representatives of pharmacy. On every level—local, state, and national—these representatives should be truly representative pharmacists as designated by their peers in organized pharmacy.

On the state level, the Maryland Pharmaceutical Association is vigorously seeking the inclusion of pharmacists in every body—governmental and private—which is connected with the health and welfare of our citizens. Considerable progress has been made in this area, with more and more agencies, groups, officials, individual legislators and private citizens seeking the assistance, the counsel and the guidance of the Maryland Pharmaceutical Association.

Pharmacists must realistically face the fact, however, that among the reasons for overlooking the profession of pharmacy and the pharmacist in health planning

is the nature of the image of pharmacy which generally obtains among the other health professions, government officials and legislators and the public.

The layman usually has a high regard for the pharmacist whom he regularly patronizes. However, the vital professional services and community contributions of the community pharmacist are often obscured by the mercantile environment in which he presents himself to his public.

Nevertheless, practicing pharmacists cannot evade their responsibilities in this problem. They must do their part. The decision and capability is largely in their hands to indicate what their hierarchy of values is. They can demonstrate that professional pharmaceutical service is part of the delivery of high quality health care on both community and institutional pharmacy levels and that it is uppermost in their scale of values.

A neighborhood, a village, or a town with a community pharmacy often takes the services of the pharmacist for granted. Surely the neighborhood or community without a pharmacy is without a valuable source of health service, health counsel and civic support. But, again, the pharmacy must be operated in a fashion in which the identification with health is unmistakably obvious.

The conclusions are clear and imperative:

- 1—Pharmacy must be consulted or included in every aspect of community health and welfare.
- 2—Pharmacists can help assure this necessary consideration by clearly accentuating their identification with health care and demonstrating their concern with the general public welfare.

Support Your Associations

LOCAL, STATE, NATIONAL

“In Unity There Is Strength”

JOSEPH COHEN MEMORIAL FUND

The Joseph Cohen Memorial Fund has been set up by the family of the late Joseph Cohen, in his memory. The Fund will assist the building campaigns of the Talmudical Academy in Baltimore and the New Israel Rabbinical College.

Mr. Cohen served as Executive Secretary of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association and Editor of *The Maryland Pharmacist* from 1953 to 1961.

Checks may be made payable to the Joseph Cohen Memorial Fund and mailed to the Maryland Pharmaceutical Association.

President's Message

Dear Fellow Members:

Your Association is taking on a new look! As you have already been informed, the work load of the officers and staff of the Association has increased many fold during the past several years. Programs such as Medicare, the new Federal Title 19 legislation (Medicaid) and the host of other federal, state and local programs for the medically indigent have thrust the Maryland Pharmaceutical Association into the seething cauldron of feverish activity which is besetting our nation and our communities. The officers and the staff have spent endless hours in meetings with various officials to try to effect a smooth operation of these programs and at the same time protect the interests of the practicing pharmacists of this state. This has necessitated an increase in our dues in order to provide the needed funds to engage an adequate staff to carry on our many newly-acquired but vital functions.

Your Executive Committee has approved a larger budget for the current year and depends upon the support of every pharmacist in Maryland to insure the success of our programs. It has been necessary to reorganize our staff to provide better assistance for our overworked Executive Secretary. I am happy to report that Mr. Paul Reznick, of Prince Georges-Montgomery County, has assumed the duties of Assistant to the Executive Secretary. This should insure the issuance of THE MARYLAND PHARMACIST on a regular basis and will provide better service to the membership and better liaison with other allied groups working on mutual projects. Mr. Reznick is well qualified to assume the duties of this position and we welcome him to our staff.

It was shocking to me to learn recently that many of the members of the Maryland Pharmaceutical Association have never visited the headquarters in the Kelly Memorial Building. It is an experience which each of you would enjoy. Remember, each member of the Association is, in a sense, a stockholder! Why not look in on your investment! You will see a busy staff working on your problems, and you will learn first-hand the many ways in which the Association serves your interests. In addition, a visit to the B. Olive Cole Pharmacy Museum is both educational and satisfying.

The work of the Association in the past several years has done much to improve the professional status of the practicing pharmacist. Unless each pharmacist assumes the obligations to improve his own professional image, however, the efforts of the officers and staff of the Association could come to naught. I urge each of you to give thought and effort to improving the role which your prescription department occupies in your store. In addition, the exterior appearance of the store should be such as to make it obvious to one and all that this is a pharmacy, first and foremost. Remember, your image is showing! Let's work together—this is the road to success.

MILTON A. FRIEDMAN
President



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Secretary's Script . . .

A Message from the Executive Secretary

OEO Comprehensive Neighborhood Health Centers

As this issue went to press, the compromise plan offered by the Maryland Pharmaceutical Association for pharmaceutical services in the Provident Hospital Comprehensive Neighborhood Health Center was under review by the Office of Economic Opportunity (OEO) in Washington.

The Association was able to obtain the support of Mayor D'Alesandro, City Council President Schaefer and the majority of the Baltimore City Council by convincing them that a vendor system through existing community pharmacies would be in the best interest of the health center patients and the city as well as the pharmacists.

The full text of the Association proposal, based upon conferences and the results of a questionnaire sent to the pharmacies in the target area, is printed in this issue.

It should be pointed out that in the event of acceptance the plan will require vigorous implementation by the pharmacists in the target area. Many pharmacists already carry out some of the services listed, such as maintaining family prescription records, supplying of health information literature and participating in neighborhood projects.

Satisfactory compliance will require careful attention not only to the specific responsibilities that are spelled out, but also to the intangibles of inter-personal relations between pharmacists and their personnel vis-a-vis the patients of the center who patronize the pharmacies. Many patrons of pharmacies in the target area have expressed their satis-

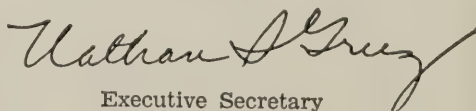
faction with pharmacy services through existing community pharmacies. Our objective must be to do everything possible to eliminate any basis for dissatisfaction that some area residents may have. The Association plan provides for machinery to resolve the grievances and meet the reasonable desires and medical needs of the center patients.

We have vigorously presented our position to the news media in order to attempt to get a fair and balanced view of this matter before the public. Your Executive Secretary was given an opportunity to present the Association position on WMAR-TV on January 17 and was gratified by the response to the presentation.

Expansion of Association Staff

In January the Association staff was expanded with the addition of Mr. Paul Reznick as Assistant to the Executive Secretary. Mr. Reznick has had extensive experience in pharmaceutical affairs as proprietor of a pharmacy, Secretary of the Prince Georges-Montgomery County Pharmaceutical Association and editor of its Bi-County Pharmacist. With this additional assistance it is contemplated that greater attention can be given to increasing the effectiveness of all communications, including *The Maryland Pharmacist*, and to other association services.

Sincerely,


Executive Secretary

SWAIN PHARMACY SEMINAR

Thursday, March 21, 1968

University of Maryland Health

Science Library

Paul Freiman, Chairman

8:30 Registration

9:00 Call to Order

Morning Session—DEAN NOEL E. FOSS, Moderator

"CARDIOVASCULAR DRUGS: NEWER DEVELOPMENTS"

1. Physiology and Anatomy, Dr. John H. White, Professor of Physiology at the University of Maryland, School of Dentistry.
2. Clinical Aspects (Pathology, Pharmacology and Drug Therapy), Dr. Robert E. Singleton, Associate Professor of Medicine, University of Maryland, School of Medicine.
3. Pharmaceutical Aspects. "Pharmaceutical Dosage Forms"—Dr. Ralph F. Shangraw, Associate Professor of Pharmacy, University of Maryland, School of Pharmacy. "Therapeutic Incompatibilities"—Dr. David A. Blake, Assistant Professor Pharmacology, University of Maryland, School of Pharmacy.

12:30-1:30 Lunch—Baltimore Union Building

Afternoon Session—PAUL FREIMAN, Moderator

"THE ROLE AND RESPONSIBILITY OF THE PHARMACIST IN DISPENSING OTC DRUGS"

1. "Professional Opportunities for the Pharmacist", George B. Griffenhagen, Director of Communications Division of the APhA, and Editor of the Handbook on OTC Drugs.
2. "Physician Viewpoints", Dr. E. Seydel, Chief, Maryland Poison Information Center.
3. "Therapeutic Incompatibilities", Dr. Peter P. Lamy, Associate Professor of Pharmacy, University of Maryland.

Adjournment 4:30

Discussion Period After Each Session.

Maryland Board of Pharmacy

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301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

Lee's Pharmacy of Furnace Branch, Inc., Harvey Greenberg, President; 7306 Furnace Branch Road, N.E., Glen Burnie, Maryland.

Lincoln Pharmacy, Sam A. Goldstein, 1100 N. Calhoun Street, Baltimore, Maryland 21217.

Medical Center Pharmacy, J. W. Shapiro, 1834 E. Monument Street, Baltimore, Maryland.

Peterka's Pharmacy, Albert A. Peterka, 2900 McElderry Street, Baltimore, Maryland 21205.

University Boulevard Professional Pharmacy, Henry Nelson, President; 831 University Boulevard, East Silver Spring, Maryland.

Pharmacy Changes

The following are the pharmacy changes which occurred during the month of December, 1967:

Change of Ownership, Address, Etc.

Beltway Pharmacy, 6124 Edmondson Avenue, Baltimore, Maryland 21228. (Change of name only—Formerly Davidov's Pharmacy).

Block's Pharmacy, 2901 E. Baltimore Street, Baltimore, Maryland 21224. (Formerly owned by Samuel Block).

Giant Pharmacy, 3602 Milford Mill Road, Baltimore, Maryland 21207. (Formerly located at 8100 Liberty Road).

Victory Villa Drug, 201 Ballard Ave., Baltimore, Maryland 21220. (Change of name only—Formerly Kleiman's Rexall Pharmacy).

No Longer Operating As Pharmacies

Bambrick's Pharmacy, Vincent C. Bambrick, 21 Franklin Street, Cambridge, Maryland.

Beltsville Pharmacy, Paul Reznick, 11182 Baltimore Avenue, Beltsville Maryland 20705.

Carvilles Cathedral Street Pharmacy, Carville B. Hopkins, 90 Cathedral St., Annapolis, Maryland.

Celozzi's Pharmacy, Matthew J. Celozzi, 1901 E. 38th Street, Baltimore, Maryland 21218.

Practical Experience Requirements

The National Association of Boards of Pharmacy has revised requirements for practical experience. All states except Florida and California will require three (3) months of the one (1) year practical experience to be acquired after graduation.

Narcotic Inventory Form

The Association as a service to the membership will again distribute the MPA narcotic inventory form at the appropriate time to assist pharmacies in taking inventory of narcotics on hand.

Practical Experience

The Board of Pharmacy in a letter to the Maryland Pharmaceutical Association has announced that the Board will give full credit to the pharmacy graduates who have gained their experience in a hospital pharmacy licensed by the Board. Experience in governmental pharmacies would also be accepted according to Secretary Balassone in response to an inquiry.

What's new from A. H. Robins?



New In-Season Robitussin® and Robitussin-DM® Deals with Pre-Packed Display. Just flip back the top on this new pre-pack shipper and you'll have two handsome counter salesmen to help you ring up more sales. You'll ring up more profit too because you've bought our special in-season deal. Starts January 15th. See your Robins representative.



New prescription product. Check your prescription department and see if you have Tybatran® (tybamate) available in capsules of 125 mg., 250 mg., and 350 mg. This new product is being promoted in the leading medical journals, through direct mail and detailing. Don't get caught short.

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Tell them you saw it in "The Maryland Pharmacist"

Baltimore Metropolitan Pharmaceutical Association

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President—DONALD O. FEDDER

President-elect—BERNARD LACHMAN

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Secretary—NATHAN I. GRUZ

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BMPA PRESIDENT'S MESSAGE

Delivered at the Installation Banquet Sunday, January 21, 1968

I want to, first, thank you for your confidence in electing me to your highest office. I hope I can live up to this confidence by providing you with the leadership you are entitled to in the coming year.

I think a suitable question for us all to ask is, "Where do we go from here?" What do we want in the way of programs and activities—just what will constitute a successful year. (One gauge used to measure success is the amount of money raised . . . or the amount of money spent.) More basic yet, what is the purpose or necessity of associations.

Pharmacy in Baltimore and Maryland needs associations to represent the interest of the community pharmacist, the hospital pharmacist, the employee, the manufacturer, the distributor and the educator. Our interests are varied, but the primary interest of us all is having a professional and economically viable pharmacist who dispenses drugs and drug information directly to the public.

What then is the function of your associations? Is it to pass restrictive legislation to eliminate competition? Is it to represent us as a special interest group before government—to get for us special concessions simply because we are pharmacists? Is it to, in effect, keep us in business, even if we cease to function for the public health?

Our association must, indeed, represent us before government. And our associations must, indeed, strive for the economic well being of pharmacists, but, most important, our associations must give us the tools for making the important decisions that we will have to make in 1968, 1969 and the seventies. They must bring us programs that are educational—that are provocative. Is there a better way to do things? Are we giving the public the best we have to offer—in service—in health care? What will the practice of pharmacy be in 2 years . . . 5 years . . .

10 years. . . ? THIS is the responsibility of your association. And it is a challenge to us all!

We will bring you programs detailing systems and ideas that can be put to practical use in your daily practice. And I am recommending several changes in the organization of our association, giving full voting membership to all pharmacists and seeking out more cooperation with the state association. I will ask the executive committee and the body to consider the establishment of a single dues structure encompassing both the BMPHA and the MPhA, thus strengthening both associations, giving pharmacy in this state a unity that we all want and need in these times.

Then there is the matter of sustaining membership. Time is long past that we can continue to finance all of these important programs with hit and miss contributions and gifts. Those of you who make their livings selling merchandise to pharmacists have a real stake in their economic and professional well being.

Wholesalers and distributors who are doing millions of dollars of business with pharmacists in Maryland should and must be willing to become sustaining members of our association, with regular and fixed dues payment—and not a \$100, \$200 “contribution” whenever someone can put the right pressure on.

When the pharmacists of Maryland receive an increase in fees of \$750,000 a year, this is important to you! When pre-paid prescription plan becomes operative, as we hope in the coming year, this is important to you!

Today is yesterday's future. We must plan now. I have often heard the plaint—“why did THEY allow these conditions to exist. Why didn't THEY prepare the way better for us. We are the THEY of the future.

Will we accept the challenge?

DONALD O. FEDDER

President, BMPPA

Drug Abuse Education

A plan for the national coordination of drug abuse education has been assigned to a committee to be called the TASK FORCE FOR A NATIONAL COORDINATING COUNCIL ON DRUG ABUSE INFORMATION AND EDUCATION. The committee was organized at the final session of the National Conference on Public Education in Drug Abuse, co-sponsored by the American Pharmaceutical Association and the U.S. Food and Drug Administration. The conference was held in Washington, January 10-11, 1968.

Organizations being invited to designate a representative on the Task

Force are: American College Health Association, American Medical Association, American Social Health Association, Boy Scouts of America or Girl Scouts of the U.S.A., Food and Drug Administration, General Federation of Women's Clubs, National Association of Student Personnel Administrators, National Congress Parents Teachers Association, National Institute of Mental Health, Pharmaceutical Manufacturers Association, American Pharmaceutical Association and the U.S. National Student Association.

An organizational meeting will be held in the near future.

What kind of return pharmacists



Goods policy would write?

A practical one!

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1. Full credit for all outdated or discontinued Roche items in unopened containers; pro-rated credit for opened containers.

2. Full credit for any unopened Roche item in the current line and catalog.

3. Full credit for shopworn, deteriorated or otherwise unsaleable Roche merchandise in complete containers; pro-rated credit for incomplete containers.

These credits are available through your wholesaler for Roche items purchased from him.

For further information contact your Roche representative, your wholesaler or write to us.

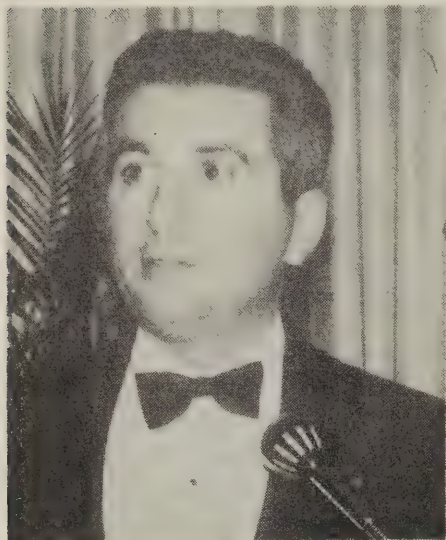
That's it—straightforward, covers everything, and it's fair.

It's really what you'd expect, because when policy decisions are made at Roche, pharmacists are there.

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Mayor Thomas J. D'Alesandro III, Assures Cooperation with Pharmacists



Courtesy Paramount Photo Service.

THOMAS J. D'ALESSANDRO, III, addressing association members and guests.

Mayor Thomas J. D'Alesandro, III, assured pharmacists of Baltimore City that he was looking forward to the continued cooperation he enjoyed with the Baltimore Metropolitan Pharmaceutical Association and the Maryland Pharmaceutical Association while serving as chairman of the Baltimore City Council the past five years before his recent election as Mayor of the City of Baltimore. Mayor D'Alesandro, III, made this assertion while speaking before the annual dinner-dance and installation of officers of the Baltimore Metropolitan Pharmaceutical Association held at the Blue Crest North, Pikesville, Sunday evening, January 21.

Donald O. Fedder, incoming president, 1968, also expressed the desire for continued cooperation with city officials to help meet problems of mutual interest, especially in the health field.

Louis M. Rockman was named honorary president and Bernard B. Lachman, president-elect.

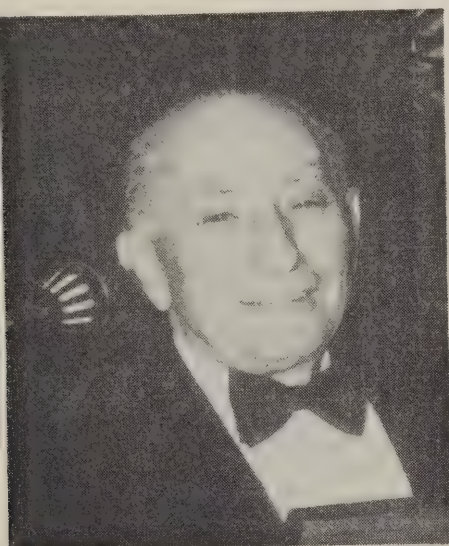
Max A. Krieger, Joseph H. Morton and Anthony G. Padussis as vice-presidents, Nathan I. Gruz, secretary, and Charles E. Spigelmire, treasurer, make up the other officers.

Named to the Executive Committee: Ferdinand F. Wirth, Jr., retiring president as chairman of the committee. Joseph U. Dorsch, Wilfred H. Gluckstern, Sam A. Goldstein, Irvin Kamenetz, Robert W. Henderson, Joseph L. Okrasinski, George J. Stiffman, Frank J. Wesolowski with Noel E. Foss and Francis S. Balassone as ex-officio make up the committee.

Bernard B. Lachman headed the Banquet Committee, also acting as toastmaster for the evening. Also on the committee were Sam A. Goldstein, co-ordinator, Joseph H. Morton, vice chairman, Irvin Kamenetz, Joseph L. Okrasinski, Charles E. Spigelmire and George J. Stiffman, who was the Ticket Chairman.

Rabbi Amiel Wohl of the Baltimore Hebrew Congregation gave the invocation. Installation and discharge of officers was made by Charles E. Spigelmire, treasurer.

Donald O. Fedder in his acceptance speech concluded with the following: "Today is yesterday's future. We must plan now! I have often heard the plaint—why did they allow these conditions to exist. Why didn't **THEY** prepare the way better for us. We are the **THEY** of the future. Will we accept the challenge?"

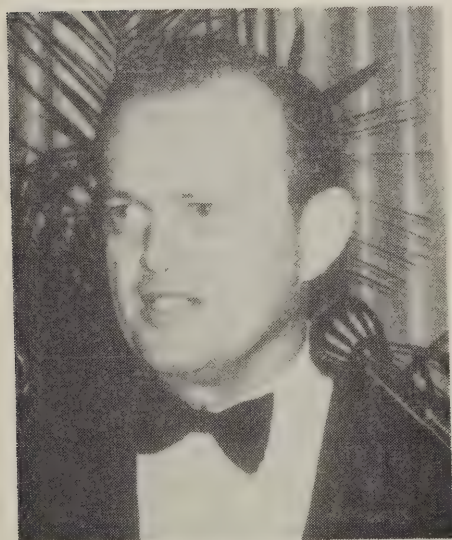


LOUIS M. ROCKMAN, honorary president, Baltimore Metropolitan Pharmaceutical Association.



FEDINAND F. WIRTH, JR., retiring president, Baltimore Metropolitan Pharmaceutical Association, greeting incoming president Donald O. Fedder, Baltimore Metropolitan Pharmaceutical Association.

**SIGN UP
A COLLEAGUE
FOR MEMBERSHIP IN THE
MARYLAND PHARMACEUTICAL
ASSOCIATION**



BERNARD B. LACHMAN, president elect—Baltimore Metropolitan Pharmaceutical Association, Toastmaster Banquet.

Courtesy Paramount Photo Service.

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National Association of Retail Druggists

1968 Convention, Houston, Texas

To one who has attended the N.A.R.D. conventions in recent years there was a bit of sadness in that Joseph Cohen, long time Washington Representative of the National Association of Retail Druggists was unable to attend the convention due to illness. Mr. Cohen passed away Friday, November 17, in Baltimore. The previous issue of the Maryland Pharmacist was dedicated to his memory.

The convention was well paced, with MPA past president Harold M. Goldfeder moderating one of the two panel presentations on problems facing Pharmacy.

A new program by the N.A.R.D. and the Bureau of Drug Abuse Control, F.D.A. we will be hearing a lot about and be afforded an opportunity to actively participate in is an expanded plan of drug education. Community pharmacists will be able to help combat the growing misuse of drugs by youths. In cooperation with other groups, the pharmacist will make available to his community, educational material, films and fact sheets to acquaint young people and their parents with drugs and the perils of their abuse. In doing this we will be establishing the pharmacy as a drug information center.

A few of the topics discussed at the convention were: "Pharmacy: The Case for Optimism", by Raymond A. Gosselin, President, R. A. Gosselin & Co., Inc., "The Dilemma of the Professional Fee", by Dr. Joseph Cooper, Howard University, "Where is the Ferment in Pharmacy?" by Dr. George P. Hager, Dean, School of Pharmacy, University of North Carolina.

The Drug Show was a featured part of an outstanding convention. It was staged in Houston's new convention hall and exhibit center, the N.A.R.D. being the first association to hold a convention and exhibit there. A home

town flavor was given to the show by the A. H. Robbins company permitting visiting pharmacists to call back home. The exhibits were well paced, affording those attending worthwhile looks into the present and future of the drug store.

President Friedman and Secretary Gruz participated in several conferences including discussions on O.E.O. problems Paul Reznick attended the Metropolitan Pharmaceutical Secretaries Association meetings. Harold M. Goldfeder chaired the N.A.R.D. Merchandising Committee.

Boston will be the site of the 1968 convention October 6-10.

Paul Reznick

National Association of Retail Druggists Officers 1967-68

George W. Wilharm of Minneapolis, Minn. was elected president of the Association during the annual convention held the past November in Houston, Texas. William D. Wickwire of San Francisco, was named first vice-president, Sam A. McConnell, Jr. of Williams, Arizona, second vice-president. Salvatore D'Angelo of New Orleans, third vice-president. E. Boyd Garrett of Nashville, fourth vice-president. Harold Shinnick of Chicago, fifth vice-president. Willard B. Simmons, executive secretary and George E. Benson of Seattle, treasurer.

Michael M. Perhach of Binghamton, N.Y. chairman of the executive committee. Other members of the committee are: Chris Haleston, Portland Oregon; Nick Avellone, Bay Village, Ohio; John B. Tripeny, Jr. Casper, Wyoming; Leonard Rosenstein, Atlantic City, N.J. and E. Crawford Meyer of Louisville, Ky.



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MILTON A. FRIEDMAN

President, Maryland Pharmaceutical Association

1967 - 68

Milton A. Friedman, President of the Maryland Pharmaceutical Association, was born in Baltimore on June 4, 1913. "Mickey" (as he is best known) was educated in the public schools, attended Baltimore City College and graduated from the University of Maryland School of Pharmacy in 1934. He immediately took a position with Read's where he remained until 1942. At that time he purchased one of Baltimore's landmark pharmacies, S. Y. Harris', at Lombard and Poppleton Streets. He has operated this pharmacy continuously since that time, and has continued to operate under the name Harris' Pharmacy.

In 1941 he married the former Sadye Marcus of Portsmouth, Virginia. Sadye and Mickey are the parents of three children Mrs. Natalie Blumberg, Mrs.

Terre Sober, and teen-age Joel. They are also spanking-new grandparents. Mickey and Sadye live in Garrison Farms at 12 Oak Hollow Court.

Immediately after graduation from the school of Pharmacy, President Friedman began active work with the Alumni Association and he was elected president in 1963. When he became a pharmacy owner, he immediately became active in the Baltimore Retail Druggists Association (now the Baltimore Metropolitan Pharmaceutical Association), the Maryland Pharmaceutical Association, the National Association of Retail Druggists as well as the American Pharmaceutical Association. He has continued to take an active part in these organizations and to represent the profession of pharmacy in numerous community drives and activities.

He served for a number of years as State Chairman of National Pharmacy Week Committee. His personal efforts in display contests has won him many prizes and accolades, and he has become a recognized expert in creative merchandising display efforts. He and Sadye have travelled widely and he has brought much recognition to Maryland pharmacy.

Mickey's fondest hope and prayer is the achievement of a sense of unity of purpose and action among the pharmacists of this State, to the betterment of all. The *Terra Mariae* for 1934 labelled this hard-working leader "A Prince of a Fellow."

Pharmacy Practices

The Pharmacy Practices Committee, Jerome Mask, chairman, has reported that the committee has felt that pharmacists should get their regular fee plus a handling charge from drug manufacturers in connection with their sampling plan rather than payment in merchandise.

MEMBERSHIP ADVANTAGES

**Membership in the Maryland Pharmaceutical Association
benefits you in many ways. Some services are:**

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2. LEGAL counsel on pharmaceutical matters.
3. An active LEGISLATIVE program for the advancement of the pharmaceutical profession in the interest of public health.
4. Continuing Education Programs: Swain Pharmacy Seminar, Simon Solomon Pharmacy Economics Seminar, Regional and Annual Meetings.
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6. Professional Credit Protective Bureau—collection service for delinquent debts.
7. THE MARYLAND PHARMACIST, bulletins, meeting notices and other Association mailings essential to every pharmacist.
8. REPRESENTATION before various pharmaceutical, medical and governmental health groups. LIAISON with physicians, dentists and other professions.
9. A broad program of PUBLIC RELATIONS and PUBLIC INFORMATION through radio, television, newspapers and other media. Speakers Bureau available.
10. USEFUL SERVICES of the office of the Executive Secretary to provide vital information and assistance, including employment placement.

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(Miss; Mrs.; Mr.; Dr.)

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Pharmacy, Firm or Institution

Title or Position Phone

Licensed as pharmacist in (State) Year

Member: A.Ph.A. N.A.R.D. Local, etc. (name)

*Fill in all blanks.

Signature

REFERENCE (Member's name)

**Mail check with application.

T. A. M. P. A. TATTLER

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Volume 26

JANUARY, 1968

No. 4

T.A.M.P.A. Meetings

Reported by Herman Bloom

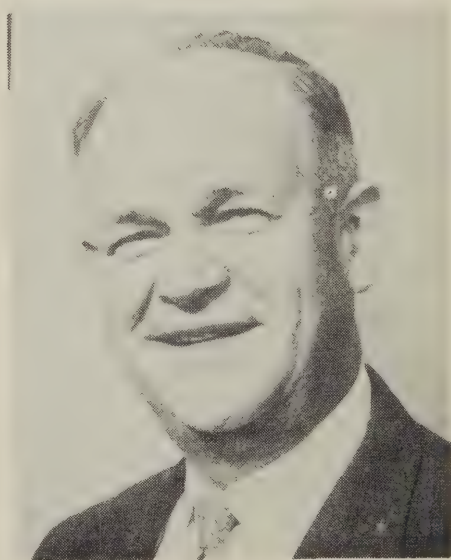
December 1967

Christmas festivities brightened the annual Christmas meeting held December 9 at the Orchard Inn. Luncheon was served during the social hour. Lou Rockman, chairman of the Good and Welfare Committee, reported on the charities supported and the donations given for the year.

January 1968

The "good will" dinner meeting held on January 4th, instead of the usual luncheon, resulted in an increased attendance. It was declared a success with a renewal of acquaintances for many members who had not been present at recent meetings. The Dobbs House on Route 40 was the scene of the meeting.

David Brigham, moderator of the national TV program on brotherhood, entitled "To Promote Good Will", gave an inspiring speech on "Good Will and Brotherhood", which was enjoyed by all present.



Meet William A. Pokorny President TAMPA 1967-68

William A. Pokorny, president of T.A.M.P., comes to us dedicated to the ideals of T.A.M.P.A. serving in various offices of the association before assuming the Presidency. Mr. Pokorny married Margaret E. Whitehurst and they are the proud parents of K. Christine

and William J. The family resides at 309 Granlan Road, Baltimore.

He is a graduate of Baltimore Polytechnic Institute, Chicago School of Industrial Arts and Institute of the Fisher Island School of Salesmanship. Among his outside activities while representing the Borden's Ice Cream Company for the past thirteen years, Bill has found time to be Master Mason of Arcana Lodge, member of the Travelers Protective Association, Shelbourne Baptist Church and substitute teacher of the Men's Bible Class. As a hobby he is interested in youngsters, participating in Boy Scout Troop No. 876 and manager of the Little League team of Catonsville.

Nursing Home Regulations

New regulations on pharmaceutical services in nursing homes have been adopted by the State Board of Health. Copies are available from the Association office.

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A Message From The Ladies Auxiliary L.A.M.P.A. News

By Anne Crane, Corresponding Secretary

The program committee wishes to acknowledge, with a great deal of pleasure, the many compliments it received on the program held in conjunction with the Maryland Pharmaceutical Association Fall Regional meeting. The new entertainment format was very well received. The day started with an interesting and lively presentation of the "Conference Call" radio program. The LAMPA meeting, with our new president Mrs. Frank Slama presiding, followed. A high point of the activities was the flower arranging demonstration, after which, all five of the arrangements were given away as prizes. Also, there were many unusual and original articles, which were made and donated by our talented ladies, as door prizes. Cocktails and dinner from the Miller Brothers restaurant completed the events of the Fall Regional Meeting at the Statler Hilton in Baltimore, October 12, 1967.

We are, of course, always interested in enrolling new members and suggest you contact our membership treasurer, Mrs. Manual Wagner, or any member, should you like information about joining our group.

May 21, 1968 is the date of LAMPA's annual luncheon and fashion show, to be held at the Tail of the Fox, Towson, Maryland. Luncheon will be served at 12 noon. Ten of our members will model clothes from Franklin Simon. As usual there will be lots of door prizes, many of which will be handcrafted items, made and donated by our members. If any member would like to make and contribute a prize, please contact our Program Chairman, Mrs. Harry Schrader at 233-9140. Reservations are being accepted by Mrs. Jerome Cermak at

485-3253 and are \$3.50. We are most anxious for a good attendance and are hoping this early notice will help.

Our thanks to the Standard Distillers Products, Inc. since they have agreed to stage a "wine tasting party" at our Spring Regional meeting on April 4, 1968. This is just a taste of what is to come and more details will be announced regarding additional LAMPA entertainment for that day.

We are sorry to report the death of our charter member, Mrs. Emily Davidov on January 3, 1968 and extend our sincere sympathy to her husband Hyman, and the family.

Editor's Note: Attention members of Maryland Pharmaceutical Association, when you send in your dues check, add the nominal sum of \$2.50 for your wife's membership in LAMPA; include name, home address and phone number.

Controls on Meprobamate

Meprobamate has been placed under Federal control effective March 5, 1968 because of evidence that the drug can cause deep depression and personality change.

Under the order issued December 5, 1967, meprobamate has been placed under drug abuse control of the Food, Drug and Cosmetic Act. This requires that records be kept on production and distribution, and places limits on the duration and number of refills of prescriptions. Inventory of the drug will have to be taken on the effective date.

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Paul Reznak Appointed Assistant to Secretary

Paul Reznak, secretary of the Prince Georges-Montgomery County Pharmaceutical Association, has been appointed Assistant to the Executive Secretary of the Maryland Pharmaceutical Association and Assistant Editor of the *Maryland Pharmacist*.

Mr. Reznak, a 1929 graduate of Temple University, School of Pharmacy, operated the Beltsville Pharmacy, Beltsville, Maryland, for over 19 years.

He is the editor of the Bi County Pharmacist, publication of the Prince Georges-Montgomery County Pharmaceutical Association; member and a regional director of the Metropolitan Pharmaceutical Secretaries Association and a member of the Maryland Pharmaceutical Association, National Association of Retail Druggists and the Alpha Zeta Omega Pharmaceutical Fraternity. He was active for many years in the D.C. Branch of the American Pharmaceutical Association.

He is a past president of the District of Columbia Pharmaceutical Association.

Bowl of Hygeia Nominations Requested

The Bowl of Hygeia Award for community service awarded annually by the A. H. Robbins Company will be presented at the Maryland Pharmaceutical Association Spring Regional Meeting, Thursday, April 4, 1968 at the Statler Hilton Inn, Annapolis, Maryland.

This honor is conferred on a Maryland pharmacist selected by the Maryland Pharmaceutical Association in recognition of his services to the community.

President Friedman has requested that members submit the names of

pharmacists deemed qualified for the award. Nominations should be forwarded to the Bowl of Hygeia Selection Committee, Harold M. Goldfeder, Chairman, c/o Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore 21201.

Your prompt response will be appreciated to facilitate the judging by the Committee.

Pharmacy Calendar

Maryland Society of Hospital Pharmacists. Meets second Thursday of each month, except July and August.

March 17-23—Poison Prevention Week

March 21—8th Annual Robert L. Swain Pharmacy Seminar. Health Science Library Auditorium, University of Maryland, Baltimore.

April 4—Regional Meeting, Maryland Pharmaceutical Association, Annapolis.

May 5-10—American Pharmaceutical Association Annual Meeting, Miami Beach.

May 21—LAMPA Annual Luncheon and Fashion Show. Tail of the Fox, Towson, Maryland. Luncheon, 12 noon.

July 8-11—Maryland Pharmaceutical Association 86th Annual Convention, Shelburne Hotel, Atlantic City, N.J.

July 21-25—Alpha Zeta Omega Pharmaceutical Fraternity, National Convention, Washington, D.C.

October 6-10—National Association of Retail Druggists Convention, Boston, Mass.

Your attention please: Send in dates of coming events to *The Maryland Pharmacist*. Before a date is made firm, check with the Association office to avoid any possibility of conflict.

Maryland Pharmaceutical Association

SPRING REGIONAL MEETING

Thursday, April 4, 1968

Statler-Hilton Inn

Annapolis, Md.

1:00 P.M. Luncheon

2:30 P.M. Business Meeting

2:30 P.M. LAMPA Meeting

5:00 P.M. Social Hour

6:00 P.M. Dinner

Presentation of Robbins Bowl of Hygeia Award

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Is The Pharmacist Becoming Obsolete?

Samuel L. Fox, M.D.*

We often hear it said that the pharmacist has become a glorified stock clerk, filling his prescriptions by counting pills out of larger stock bottles into smaller dispensing containers. Many older pharmacists bewail the fact that they no longer are called upon to compound prescriptions, and they view this as a sure sign that the pharmacist will soon not be needed. The recent statement by the Commissioner of the Food and Drug Administration adds new fuel to this flaming argument. Dr. James L. Goddard was quoted by *The New York Times* of December 31, 1967 as saying: "I would say that the corner drugstore should be closed down, although I know that's a radical statement."

As an ophthalmologist, I am often accused of adding to the plight of the pharmacist, many of whom have complained that we no longer let them compound our collyria "like in the old days" but instead we prescribe already packaged ophthalmic preparations, often of generic drugs. Let us analyze this for a

moment. In the "good old days" the pharmacist weighed out the various chemical ingredients ordered by the ophthalmologist, few if any of which had any real therapeutic effect. He triturated these in a non-sterile glass mortar with a glass pestle, adding non-sterile and often pyrogenic distilled water, and finally he filtered the solution through contaminated filter paper into a non-sterile bottle with a glass dropper top. The patient invariably ended up with a contaminated solution of relatively worthless medicaments to be used in an inflamed eye. The professional skill of the pharmacist was in its heyday; the art of pharmacy had triumphed; the ego of the pharmacist had been satisfied; but the patient was the victim.

Today, ophthalmic preparations are manufactured under strictly aseptic techniques; the contained ingredients are often highly complex molecules of antibiotic, steroid or alkaloidal chemicals which require rigid standards of weighing (often in micrograms) and even more rigid standards of maintaining the proper pH solution in order to insure stability; and the preparations are isotonic and carefully buffered to insure maintenance of the pH. Most of the preparations carry an "expiration date" beyond which the manufacturer cannot guarantee full effectiveness or sterility of the preparation. Because of the nature of the ingredients, many of these preparations are hazardous if not used with careful attention to stated directions.

If I order a proprietary 2% solution of epinephrin, for example, for the treatment of glaucoma, I expect the pharmacist to know that this solution exhibits a very low pH and that the preparation will therefore sting quite badly for a minute or two upon application to the eye. Even though I have told the patient that the drops must be kept in the refrigerator and that they will sting severely, the anxious and sometimes

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.



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distraught patient frequently fails to remember either of these warnings. However, if the pharmacists will repeat them as he hands over the prescription, he will have served the doctor and the patient well. It will avoid the patient's mistaken notion that the prescription must have been filled wrong by the pharmacist. (I have often heard this complaint registered.)

When I order a powerful cholinergic eye drop such as Phospholine Iodide^(R) for a small child, the pharmacist should realize that this could prove very toxic if it is absorbed systematically. Does the pharmacist remember (or know) to reiterate my instructions to the parent to press a finger tightly over the lacrimal duct when the drops are instilled to prevent such absorption from the g.i. tract? The same precautions are necessary with anti-cholinergic drugs such as atropine.

Is the pharmacist a "stock room clerk" when he fills such a prescription? I would say, "*Absolutely not!*" I am not interested in whether the pharmacist gets an opportunity to express his technical prowess in compounding a useless collyrium. I am interested that he will understand the prescription as written; that he will select the proper preparation from his stock; that he will carefully and accurately transmit the instructions for use to the patient; that he will see that the product is not out-of-date; that he will check to insure that the plastic seal has not been broken prior to dispensing and hence that the product is sterile; and other such precautions which insure my patient the right preparation for his disease. In addition, I want him to know that he must refuse to re-fill steroid eye drops unless so directed by the ophthalmologist, since long-continued use of steroids in eye drops may lead to glaucoma. I would also like to be alerted to the fact my new glaucoma patient (for

whom I have just prescribed a cholinergic agent like pilocarpine) is also taking anti-cholinergic antispasmodics for the g.i. tract, since this will render my treatment ineffective and ultimately lead to blindness in my patient. This pharmacist will not become obsolete!

The pharmacist who deserves to bear the label of professionalism is not the technician who twirls his pestle rhythmically in his mortar like the veteran policeman swinging his espartoon; rather, it is the pharmacist who is fully aware of the actions of the preparations he is dispensing and has the knowledge and skill to aid and assist the patient and the physician in the management of the case by such illustrations as I have given above.

William E. Woods, N.A.R.D. Representative


The National Association of Retail Druggists Washington office will be represented by William E. Woods, N.A.R.D. as Washington Counsel. He succeeds Joseph Cohen of Maryland who held the post until his recent death.

Mr. Woods is both a pharmacist and a lawyer. He has had more than 25 years of experience in pharmacy having served pharmacists, hospitals, manufacturers, the government and educational institutions.

He served as assistant to the executive vice president of the National Pharmaceutical Council prior to joining the N.A.R.D.

Federal Drug Abuse Control Amendment Program

Maryland has been added to the Federal DACA program for auditing of pharmacies as to compliance with HR 2.



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News From Prince Georges-Montgomery County Pharmaceutical Association

1967 has passed and there are many things that the Association has contributed to pharmacy and to the membership. One of the highlights was that the entry of Melvin J. Sollod and Gerald Y. Dechter in the NARD-Lederle Inter-professional Relations Achievement Award received an honorable mention, bringing recognition to Maryland Pharmaceutical Association's entry. The Association is looking forward to a formal presentation at one of our meetings of the awards.

Another achievement is the initiation of discussions that may lead to the formation of a metropolitan pharmaceutical association council composed of pharmaceutical groups within the metropolitan Washington, D.C. area. Problems of common interest can be brought to the attention of the council.

Another thing that has been accomplished is the personal feeling that has been created between the membership and the association through our means of communication, our meetings, our publication—the Bi-County Pharmacist, daily phone contact through the Telephone Information Center, liaison with the Maryland Pharmaceutical Association and the Metropolitan Pharmaceutical Secretaries Association.

The Telephone Information Center is important to members and their organization. It is a daily means of communication with the membership with news available when it is of immediate value. The new number of the Information Center is 439-3292. The number should be posted near the telephone. New stickers will be distributed shortly.

Election time is coming up. The slate of nominees as presented by the Nominating Committee will be given at the February meeting and voted upon at

the March meeting. Nominations may also be made from the floor.

N. W. Chandler will be nominated for the post of honorary President, which has just been established. The Nominating Committee announced the following slate: Ervin Koch as President; Murray A. Rubin, first Vice-President; Martin Hauer, second Vice-President; Alan B. Berger, third Vice-President; Louis N. Noble, fourth Vice-President; Paul Reznick, Secretary and Rudolph F. Winternitz as Treasurer. Also, Melvin J. Sollod, Morton J. Schnapper and James R. Ritchie for three year terms on the Executive Committee; Ryland D. Packett and Matthew J. Nevins, Jr., for two year terms; Gabriel E. Katz and D. J. Vicino for one year terms. Paul Bergeron will be chairman of the Executive Committee. Ex-officio members will be Benjamin Mulitz, James Carr and Leonard Sogoloff.

The January meeting featured open discussion on the recent comments made by F.D.A. Commissioner Dr. James L. Goddard as reported by the N.Y. Times. By invitation, Paul Pumpian, of the F.D.A., representing H.E.W. and F.D.A., attended the meeting. He brought to the attention of the association background material leading to the news release in the New York Times.

Mr. Pumpian assured the audience that H.E.W. and the F.D.A. had no thought of closing down the "corner drug store" as reported by the New York Times. The complete interview of Dr. Goddard was not printed, thereby stirring up the controversy. Dr. Goddard, Mr. Pumpian explained, had the interest of both Pharmacy and the public uppermost when he made predictions concerning the future of the practice of Pharmacy.



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Many comments from the floor were made regarding Dr. Goddard's remarks to the press, causing the pharmacist to defend the practice of pharmacy. Greater efforts should be made to co-ordinate FDA press actions with retail pharmacy, that they be given a stronger voice in relation to the FDA policies.

A resolution was passed endorsing the action taken by Willard B. Simmons, Executive Secretary of the N.A.R.D., putting the N.A.R.D. on record to demand Dr. Goddard's resignation. The stand of the Executive Committee of Prince Georges-Montgomery County Pharmaceutical Association in backing the N.A.R.D. was approved.

The new dues structure of the Association of \$15.00 for the active membership was ratified at the January 16th

meeting of the Association. The success of the January meeting indicates a possible pattern for future meetings—open discussion on selected topics.

Paul Reznick

Veterans Administration Prescriptions

The Association requests pharmacists to provide information regarding the quality of pharmaceutical services to any of their patrons using the Veterans Administration mail order prescription program. Please forward pertinent information showing the effect of the policy of directing VA beneficiaries to VA clinics, hospitals and mail order service for pharmaceutical needs to the Association office.



Left to right: William E. Woods, Washington Representative, NARD; Gerald Y. Dechter; Melvin J. Sollod; James Wohl, Regional Manager, Lederle Laboratories.

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May 5 to 10, 1968

Miami Beach, Florida

Now is the time to make plans to attend the 1968 annual meeting to be held in Miami Beach, May 5 to 10. Programs and activities are being planned and will be published in *The Maryland Pharmacist*.

Information received from APhA headquarters tells that community pharmacists will have a full program when the APhA Academy of General Practice of Pharmacy holds its first general session on Monday morning, May 6, when the Daniel B. Smith Award will be presented, followed by a discussion on Neighborhood Health Centers of the Office of Economic Opportunity.

Academy members will have an opportunity to look at non-prescription medication on Wednesday afternoon, May 8. Demonstration classes on Monday afternoon will provide a workshop atmosphere for presentation on surgical supplies and other professional services.

The National Association of Boards of Pharmacy will meet Sunday, May 5,

through Wednesday, May 8. The National Council of State Pharmaceutical Association Executives will meet at the Sheraton British Colonia in Nassau preceding the APhA annual meeting. The Metropolitan Pharmaceutical Secretaries Association will also meet during the convention. Your Association will be represented during the meetings.

The APhA hotel reservation forms should be completed and sent to the APhA Housing Bureau, City of Miami Beach Convention Bureau, Miami, Florida, 33139. Reservations are on a first come-first served basis.

The registration fee of \$30 per person includes admission to the annual banquet, the opening session, a poolside swimming show on Tuesday evening, May 7, and for the ladies, the Women's Auxiliary Brunch, the Lilly Luncheon, and a combination bus and boat tour of Miami and Miami Beach.

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Physician/Pharmacist Code of Cooperation

Adopted by the House of Delegates, Medical & Chirurgical Faculty September 8, 1967. Adopted by the Executive Committee of the Maryland Pharmaceutical Association on October 12, 1967.

PREAMBLE

Acknowledging that the practice of medicine and pharmacy needs the combined services of both groups, this Code of Cooperation is hereby adopted as a declaration of principles of conduct for the two professions to follow. It is clearly understood that local laws, regulations and Codes of Ethics of both professions clearly take precedence over these principles of conduct.

It is the hope of the two professions that the adoption of this Code of Cooperation will result in an improved understanding and closer relationship between the professions of medicine and pharmacy in the interest of better health care.

PHYSICIAN

The American Medical Association's Code of Ethics states, in part:

"It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient."

Notwithstanding this statement, the Medical and Chirurgical Faculty of the State of Maryland believes that drug dispensing by physicians should be discouraged if adequate pharmaceutical service is available. A physician's professional source of income should be from the services he renders to his patients, and only from this source.

Physicians collectively, through the Medical and Chirurgical Faculty, recognize the following:

1. A patient should be permitted the free choice of his pharmacy, just as he should be permitted free choice of physician.

2. Physicians should not advise a patient as to the charge for professional pharmaceutical service.

3. The physician should cooperate with a pharmacist by specifying the number of times a prescription is to be refilled and by making himself available to the pharmacist to determine whether or not his original orders should be altered after the original number of refills has been obtained. A prescription should never be marked for a refill contrary to current laws or regulations.

4. Physicians may, at their own discretion, indicate on the prescription order they write, that the prescription label include the name of the drug ingredients, as well as any other information deemed necessary. This is an individual decision and one that will depend upon the expert judgment of the physician based on the patient as an individual. (House of Delegates 5/64)

5. Physicians should not dispose of drug samples to pharmacists for any consideration, either direct or indirect. The use of drug samples in a physician's practice should be done in a manner that recognizes the position of the pharmacist in his role as a provider of drugs to the public. It is the responsibility of the physician to dispose of any undesired drug samples only through destruction, disposition to charitable organizations or through the approved program of the Woman's Auxiliary of the local medical societies. In no event should such drug samples be disposed of in a manner that would permit their falling into the hands of unauthorized persons.

6. Physicians should not enter into any rental, ownership or financial agreements or any other activity with pharm-

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acists that would directly or indirectly affect the prescribing of medication by a physician in favor of a particular pharmacy or pharmacies.

7. The patient is always entitled to a written prescription. It is recognized, however, that it is permissible for a physician to prescribe by telephone to pharmacists of the patient's choice rather than writing prescriptions out individually.

8. Sale of drug samples either to patients or others, which have been given free to physicians is to be condemned. In general, complimentary drugs should be used only as starter doses. (Council, 11/21/61)

9. Mail order prescriptions are condemned, as this method of handling vital prescription matters would seem sharply at variance with the detailed, personal, professional care so essential to the safe distribution of prescription drugs. (House of Delegates, 9/14/62)

10. The use of prescription blanks imprinted with the name of a pharmacist, pharmacists or pharmacy is specifically prohibited by law.

11. Physicians are free to use either the generic or brand name in prescribing drugs for their patients. However, physicians should consult with the pharmacist as a member of the medical team in order to assure that the patient is properly served by being provided with medication of the highest quality.

12. Physicians should not write prescription orders in "code".

13. Physicians bills should include only those charges for professional services rendered by him or under his supervision.

14. When prescription blanks are not imprinted with a physician's name, his name and degree should be printed or typed legibly below his signature.

PHARMACISTS

Recognizing that pharmacists and physicians must work as a team, the Pharmacists, through the Maryland Pharmaceutical Association—the state professional pharmaceutical society—hereby adopt the following principles: It is understood that the foregoing principles for physicians, insofar as they affect the profession of pharmacy are also subscribed to by the profession of pharmacy. It is also understood that some of these principles are presently incorporated in Federal and State laws and regulations as standards and requirements for pharmacy practice.

Pharmacy recognizes the inestimable value of the professional pharmacist to the health team, encourages him to fulfill completely the professional requirements of his calling, and desires that he decrease his activities in commercial enterprises which presently may be associated with but are not and should not be related to the practice of pharmacy.

1. Pharmacists, as well as physicians, are obligated to serve the public whenever their services are needed. On nights, Sundays and Holidays prescription services should be readily available in cases of emergency.

2. The pharmacist should never diagnose or prescribe, even at the insistence of the patient but should refer those medical attention to a physician of the patient's choice.

3. The sale of proprietary products and home remedies that have been approved by the Federal Food and Drug Administration for over-the-counter sale for self-medication should not be considered counter prescribing by the pharmacist.

4. In an emergency, or preceding arrival of the physician, the pharmacist will render such emergency treatment as is indicated by his training, experience, scientific knowledge and good judgment.

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5. If there is any question in the pharmacist's mind regarding the ingredients or labelling instructions of a prescription order, possible error or safety of the drug, he should privately and tactfully consult the physician before making changes and never discuss it with, or in the presence of the patient.

6. There should be no substitution of ingredients by the pharmacist, and he should follow the prescriber's directions in the refilling of prescription orders. If no refilling instructions are contained on the original prescription, the pharmacist should not, in accordance with law, refill such prescriptions without the authority of the prescriber.

7. The pharmacist should not discuss the composition of a prescription or its therapeutic effects with the patient except when in the best interest of the patient he finds it necessary to identify or differentiate medication. When such questions arise he should tactfully suggest that the prescriber is the proper person with whom such matters should be discussed.

8. The pharmacist shall be responsible for providing a comprehensive supply of drugs on which the physician may draw by prescription order for the treatment of his patient and serve as a source of information on new drugs and their combinations in order that the physician and his patient may have the advantage of the latest pharmaceutical developments.

GENERAL

Neither physicians nor pharmacists shall approach each other with respect to the completion of illegal arrangements such as pharmacists working as an employee of a physician. Pharmacists shall not engage in, and physicians shall not accept, advertising of a pharmacy in a physician's office or waiting room.

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The physician has a responsibility to make clear to the patient that even though a specific drug may be expensive, it is the best therapeutic agent he feels can be administered in treating the condition of the patient. Pharmacists, in turn, should not comment on the efficacy of the drug prescribed or a substitute drug.

Publicity in connection with professional activities of either pharmacists or physicians shall be cleared through the appropriate professional group. In all cases, news or feature stories affecting both professions should be developed cooperatively by the two groups.

"Nature knows no pause in progress and development and attaches her curse on all inaction."

Goethe



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Pharmaceutical Services in Neighborhood Comprehensive Health Center

The position of the Maryland Pharmaceutical Association regarding plans to provide pharmaceutical services in a Neighborhood Comprehensive Health Center sponsored by Provident Hospital by means of an "on-site" pharmacy has been expressed by Executive Secretary Nathan I. Gruz to governmental and hospital officials as well as legislators as follows:

We have learned that the plans for the Provident Hospital Comprehensive Neighborhood Health Center provide for the establishment of a pharmacy to be manned by three pharmacists. This pharmacy is to furnish pharmaceutical services for 25,000 eligible persons residing in an extensive area of northwest Baltimore. Recently we had the opportunity to meet with Dr. John B. DeHoff, Assistant Commissioner of Health, Baltimore City Health Department, and to discuss this matter.

Our position is that the operation of such a pharmacy to serve ambulatory patients will duplicate services now available to the residents of the area, and more importantly will deprive the beneficiaries of this project the services and advantages inherent in pharmaceutical services provided by community pharmacists.

ADVANTAGES IN UTILIZING THE COMMUNITY PHARMACIST

The interest of the patient being paramount, we wish to point out the following advantages to both patient and physician:

The convenience of a neighborhood community pharmacist, located in proximity to the patient, accompanied by the beneficial personal relationship between the pharmacist and his patron in a normal setting, is important in effecting maximum cooperation by the patient and his family. Obtaining medica-

tion and maintaining a prescribed regimen without loss of continuity is more likely under these conditions. Most community pharmacies are open long hours, seven days a week. The importance of an easily reached pharmacy in obtaining prescription refills cannot be stressed too strongly.

Pick up and delivery of prescriptions is also vitally important for the aged, the infirm, or the person living alone, and for families with infants and children where a parent cannot leave the home. This is available at no extra expense to the patient or government.

The community pharmacy stocks a wide range of prescription drugs in order to afford the prescriber the necessary medicinal armamentarium for both ordinary and unusual ailments. In the event of a call for a rare drug, the community pharmacist spares no personal expense or effort to obtain the required drug.

There is currently an acute shortage of pharmacists, which has created a manpower problem for both community and institutional pharmacies. The employment of three pharmacists by this new health facility is an unnecessary aggravation of this problem.

We recognize that a "neighborhood health center" will require pharmaceutical services for the in-house needs of the facility in diagnosis and treatment. These modest requirements can be met by either a partime pharmacist or by contractual arrangements with a community pharmacist.

There has been a process of attrition of community pharmacies in the inner city. The establishment of a pharmacy under governmental auspices will accelerate this process to the detriment of all residents in the area. This will re-

sult in depriving many of these citizens of another facet of a "normal" neighborhood—a neighborhood pharmacy, conducted by a pharmacist who takes a personal interest in his patrons and who is always available for counsel. This opportunity for a relationship available to other citizens should not be taken away from poor people. A government pharmacy appears to contradict the very essence of the philosophy of both the O.E.O. and Title XIX of the Social Security Amendments of 1965.

Most of the population to be served by the neighborhood center are Title XIX eligibles. The beneficiaries of Title XIX are required to be given free choice of pharmacy. By issuing prescriptions on the Maryland Medical Assistance Program (MAP-Title 19) prescription order forms, and by having them dispensed through community pharmacies of their choice, these patients will thus not be differentiated from their friends and neighbors.

In the case of those patients who may not be eligible under Title XIX, an effective mechanism can be developed for administration and payment of prescriptions through community pharmacies. We will be pleased to cooperate in working out a feasible procedure.

The establishment of an O.E.O. pharmacy will require an investment of funds in equipment, inventory and space, in contrast to no expense to the program if community pharmacies were utilized. In addition, these items generate extensive overhead expense regardless of degree of utilization.

Community pharmacists have a vital stake in the neighborhoods where they are located. They have substantial investments. They are interested in the welfare of the residents in the area and in helping to assure them of health care of the highest possible quality. As the most accessible health professionals

they can assist physicians, nurses, social workers and pertinent agencies in reaching area residents.

Ways can and must be developed to more effectively use and exploit the public health potential of community pharmacists in the inner city rather than to precipitously embark on paths that will inevitably lead to the elimination of a valuable, existing, trained health care human resource.

We, therefore, respectfully request the following:

1. The inclusion of a pharmacist nominated by the Maryland Pharmaceutical Association to the policy making body of this project.

2. A conference at the earliest possible time between officials of this project and representatives of this Association.

We regret that there was no previous opportunity granted us to discuss this matter. We always stand ready to provide any assistance we can and are most anxious to participate in every program to bring better medical care to all our citizens.

PHARMACEUTICAL SERVICES FOR THE PROVIDENT HOSPITAL COMPREHENSIVE NEIGHBORHOOD HEALTH CENTER

I. Advantages in Utilizing Community Pharmacists.

- A. Service and Convenience (encourages patient and family cooperation and continuity of treatment)

1. Proximity
2. Long hours; seven days a week
3. Pick up and delivery service

B. Professional.

1. Personal, "normal" relationship of pharmacist and patient.
2. Comprehensive drug inventory.
3. Greater likelihood of uninterrupted medication.

II. Other Factors.

- A. Shortage of pharmacists
- B. Attrition of community pharmacies in inner city
- C. Maintenance of free choice of pharmacist
- D. Dignity of the individual (patient)
- E. Capital investment required to establish pharmacy
- F. Payroll costs in an O.E.O. pharmacy regardless of "slack" days or hours
- G. Requirements of Title XIX
- H. No additional expense to O.E.O. in using community pharmacist.

This plan was submitted by the Maryland Pharmaceutical Association to the Honorable J. Joseph Curran, Chairman of the Budget and Finance Committee, Baltimore City Council on November 9, 1967. It is under current consideration by the office of Economic Opportunity in Washington, D.C. as a compromise proposal in place of the original plan which called for full pharmacy services through an on-site pharmacy in the center.

This proposal for pharmaceutical services is designed to meet the *full pharmaceutical needs* of the patients of the Provident Comprehensive Neighborhood Health Center.

It should be noted that all patients are ambulatory: they reside at home, visit the center and return to their homes immediately after diagnosis and treatment unless required to be admitted to some hospital facility. The proposed center is not a hospital. It will be in a building of its own.

PLAN FOR PHARMACEUTICAL SERVICES PROVIDENT COMPREHENSIVE NEIGHBORHOOD HEALTH CENTER

1. *Limited "In-House" Pharmacy.* A limited service pharmacy, under the supervision of a licensed pharmacist,

should be established in the Center to meet the "in-house" or on-site requirements of the Center for diagnosis and treatment.

2. *Prescriptions for Patients.*

a. *Prescriptions* prescribed by medical practitioners (physicians, dentists, etc.) at the Center are to be given to all patients who are then to have these prescriptions compounded or dispensed at community pharmacies of their choice in accordance with a vendor system at no charge to the patients.

b. *Vendor System.* In addition to the Maryland Medical Assistance Program ("Medicaid" or Title 19) for eligible patients, other patients would have pharmacy services covered by a similar vendor system with payment from OEO funds. The state vendor system has operated successfully for over 20 years (see enclosure).

3. *Joint Pharmacy Committee.*

a. A Pharmacy Committee, composed of equitable representation from the Maryland Pharmaceutical Association, the Provident Center and the CAA, would develop guidelines and standards for pharmacy services for patients of the Center.

b. *Committee Functions.*

- 1) Assure the highest standards of pharmacy practices and services in the Center and in community pharmacies serving its patients in order to meet both medically indicated patient needs as well as reasonable desires of target area residents.
- 2) Receipt of Grievances. Grievances of area residents would be transmitted to the Committee for consideration and appropriate action.
- 3) Evaluation of pharmacy services to determine the adequacy and quality of pharmacy services as to both the "in-house" pharmacy and community pharmacies.

- 4) Participate in planning and help in determining future pharmaceutical needs of Center.

- 5) Other functions as agreed to by the Center and Association.

4. Community Pharmacy Role.

- a. Pharmacists in the target area would:

- 1) Attend orientation lectures at the Health Center.

- 2) Maintain family prescription records for Center patients.

- 3) Innovate such procedures and records as the Pharmacy Committee would recommend to improve the effectiveness of pharmacy services in total health care.

- 4) Serve in a liaison capacity with the Center and other health agencies.

- 5) Supply health information literature.

- 6) Serve on neighborhood advisory committees to improve health conditions.

- b. Attention will be given to a suitable waiting area in pharmacies and delivery service will be provided if normally available to all patrons of the particular community pharmacy.

5. *Joint Information and Educational Programs.* A joint continuous informational and educational program would be conducted to meet any grievances or deficiencies in relations between residents and community pharmacists.

6. *Standards and Professional Utilization of Pharmacists.* In line with its ongoing program of raising the standards of pharmacy practice and service, and of greater professional utilization of pharmacists, the Maryland Pharmaceutical Association will devise further means whereby community pharmacists can assist the Center in achieving its goals of improving the health care of area residents.

7. *Education re Resident Attitudes.* The Center should develop and implement a program of education regarding attitudes of residents as to the role and position of community pharmacies in the total community as well as the specific function of this vital element in the delivery of an essential health need.

8. *Evaluation Period.* At the end of a six months period of operation under these proposals, the Pharmacy Committee would evaluate the status of pharmaceutical services in meeting the needs of residents of the target area and make its recommendations.

As always, the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association will do everything possible to assure that all persons receive health care of the highest standards and quality.

We appreciate the consideration given to the pharmaceutical associations and its representatives.

NATHAN I. GRUZ
Executive Secretary

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Maryland Pharmacy Foundation

The establishment of the Maryland Pharmacy Foundation has been approved by the executive committee of the Maryland Pharmaceutical Association. The requirements for establishing a tax exempt organization for receiving contributions and bequests for education, public health information, health care research etc. were presented as received from legal counsel for adoption. Officers of the Association have been designated as trustees.

"The more extensive a man's knowledge of what has been done, the greater will be his power of knowing what to do."
Benjamin Disraeli

Office of Economic Opportunity Provident Hospital Neighborhood Health Center Statement

Presented by Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association on WMAR TV, Channel 2 news, Wednesday, January 17, 1968.

"I want to take this opportunity to make the position of the Maryland Pharmaceutical Association perfectly clear on the matter of the Provident Hospital Neighborhood Health Center.

"The Maryland Pharmaceutical Association endorses the proposal for establishing a health center in the north west area of Baltimore to provide for any health services that are necessary.

"There seems to be a shortage of physicians and dentists in the area. However, there are sufficient existing neighborhood pharmacies to provide for pharmacy services for the residents of the area.

"Most of the patients of the center now obtain their drugs free of charge from neighborhood pharmacies of their choice. They could continue to do so even with the establishment of the center.

"The plan for a pharmacy was made without consulting the Maryland Pharmaceutical Association, which is contrary to the O.E.O. guidelines. They only met with us after three or four months of effort on our part.

"We proposed a plan for pharmacy services to the City Council Budget and Finance Committee and stand ready to cooperate in the interest of the health of the area residents.

"Provident can open a center now, if they will not insist on duplicating prescription services now available to the residents by tax paying pharmacists."



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Pharmacy Information Centers

Want to know what's going on? Telephone Information centers have been established by the Prince Georges-Montgomery Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

The centers afford a means of daily communications with the membership. News as it happens, alerts, drug recalls, reminders of meetings and events and other messages of immediate importance will be relayed to you promptly.

Call the centers any time—the lines are open 24 hours a day. If you have any happenings of interest to your fellow members, call your Association office.

For B.M.P.A. Information Center call SA 7-0990 (code 301)

For P. G.-Mg. Co. Information Center call 439-3292 (code 301)

The Prince Georges-Montgomery County Pharmaceutical Association Information Center is now located at the Adelphia Terrace Pharmacy, 9107 Riggs Road, Adelphia, Maryland.

Post the numbers by your telephone until stickers are prepared.

Association Convention 1968

The 1968 Convention will be held in Atlantic City, New Jersey, July 8 thru 11. Activities will be planned for members registering on Sunday, July 7. The Shelburne Hotel will be the convention headquarters.

Officers and committee chairmen are urged to submit concise reports to the Association office by June 15th.

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Alpha Zeta Omega Pharmaceutical Fraternity News

The 1968 national convention of the Alpha Zeta Omega Fraternity will be held in Washington, D.C., July 21-25, 1968 at the Mariott Twin Bridges Motor Hotel, Harold M. Goldfeder, co-chairman of the convention has announced.

As in 1957 when the National Convention was last held in Washington, D.C., the members of Pi, the local chapter of A.Z.O. will serve as hosts. Directorum is Harold Rosen; Sub-directorum, Monroe I. Chilton; Excheque and Editor, Paul Reznec; Recording

Signare, Harold S. Goldstein and Sol Hollander, Corresponding Signare. Edwin Pertnoy is Directorum of the Kappa chapter, Baltimore.

The AZO Pharmaceutical Fraternity has a membership of over 5,000 practicing pharmacists and 500 undergraduates in colleges of pharmacy throughout the nation.

The major objectives of the fraternity are two fold. The primary interest is the raising the standards of pharmacy in terms of its conduct and caliber of its practitioners; and of equal importance, a social climate is provided by which, in practicing fraternalism, these aims are accomplished.



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Drug Recalls

The Maryland Pharmaceutical Association recommends that you take immediate action on notices of recalls of drug products. Upon checking, if you have a recalled item on hand, *immediately* remove from your prescription department to your stock room for return as requested. Do not leave recalled items on your prescription counter, as this may be a cause for action by law enforcement officials.

Standard Form For Reporting Medical Care Prescriptions To Health Department For Payment

A suggestion for the need for a standard form to accompany Medical Assistance Program prescriptions submitted to the state for payment has been placed before the Executive Committee of the Maryland Pharmaceutical Association.

Advisory Committee Of The Maryland Medical Assistance Program

The State Council on Medical Care is now part of the Advisory Committee of the Maryland Medical Assistance Program. Gordon A. Mouat continues as a pharmacist representative. In addition, Donald O. Fedder was appointed as an additional representative following Association efforts for greater representation from the profession.

School of Pharmacy University of Maryland Alumni Association News

United States Senator Joseph D. Tydings will be the featured speaker at the annual Alumni Buffet Supper to be held Thursday, March 14, 1968.

The buffet supper will be served at the Baltimore Union, University of

Maryland, 621 W. Lombard St., Baltimore, at 7 P.M.

Reservations and tickets may be obtained from Harry Wille, chairman, ticket committee, 206 Marydell Road, Baltimore, Md. 21229. Telephone 644-7880. Tickets are \$3.75 per person.

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OBITUARIES

Henry Heneson

Henry Heneson, 56, member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, passed away suddenly on December 13, 1967. Mr. Heneson was a graduate of the University of Maryland School of Pharmacy, class of 1932. He had been employed as a pharmacist in the Baltimore area, his last employment being with the House of Pines Nursing Home. Mr. Heneson participated actively in hospital pharmacy affairs, being a member of the American Society of Hospital Pharmacists. Surviving are his mother Rae, his brother Irving, proprietor of the I. J. Heneson Pharmacy, Baltimore.

Edward H. Fisher

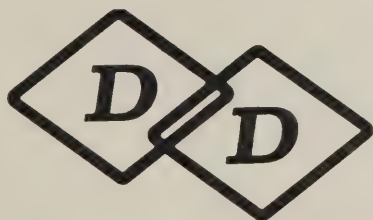
Edward H. Fisher, 64, member of the Maryland Pharmaceutical Association, died on November 12, 1967 at Tarpon Springs, Florida.

Mr. Fisher was the owner of Fisher's Pharmacy in Ocean City, Maryland, retiring a year ago. A native of Catonsville, a 1922 graduate of the University of Maryland School of Pharmacy, he had practiced as a pharmacist in Baltimore for 35 years. He is survived by his widow, Emma M. Fisher (nee Philips), two sons, Philip E., also a pharmacist, and Gordon H. His son, Philip E. Fisher, was associated with him at Fisher's Pharmacy and has been conducting the pharmacy.

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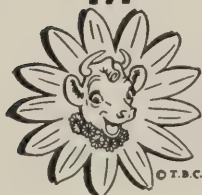
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(see Page 318)

**MARYLAND PHARMACEUTICAL ASSOCIATION
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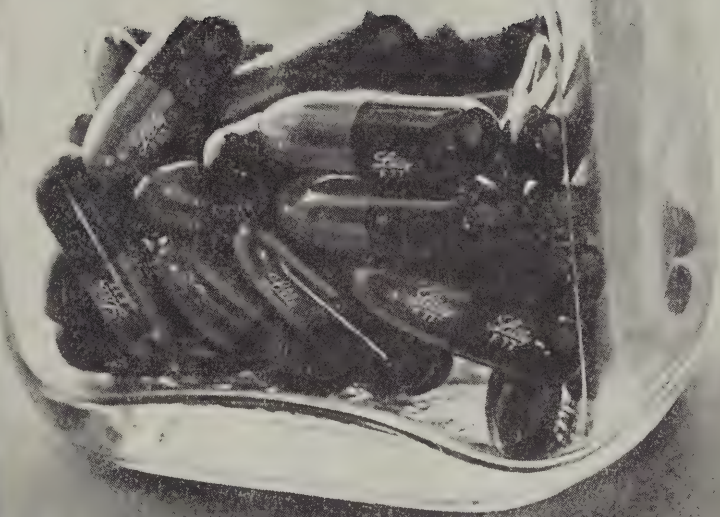
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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume XLIII

FEBRUARY, 1968

No. 5

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Editorial

Change for Pharmacy in Maryland

With the announcement by the University of Maryland of the appointment of Dr. William J. Kinnard, Jr., as the Dean of the School of Pharmacy, we witness the end of one period in pharmacy in Maryland and the inauguration of a new era. The incumbent Dean, Dr. Noel E. Foss, will return to teaching and research.

Dean Foss was a gracious friend of many in pharmacy and strove conscientiously to advance pharmacy. We extend to Dr. Foss our best wishes for fruitful and gratifying pursuits in the fields of teaching and research.

During Dr. Foss's tenure as Dean, a new building, Dunning Hall, was erected for the School of Pharmacy. A number of young and dynamic faculty members were added to the staff. The Maryland Pharmaceutical Association established the Swain Pharmacy Seminar and Swain Model Pharmacy in Dunning Hall.

This was a period of great socio-economic change in the life of our country which naturally affected pharmacy. We have seen the decline of prescription compounding, the upsurge in pre-fabricated medication, the explosion in governmental health programs, the accelerated growth of multi-unit corporate pharmacy, the death of the way of life and the economic base which made the "one-man" pharmacy viable, the establishment and spread of food market prescription departments, the professional upgrading and expansion of institutional pharmacy, and many more radical changes.

All these developments plus the recognition as public policy and moral imperative of adequate, high quality health care for *all* citizens as a *right*—not a privilege—means that there is an entirely new "ball game" in medical service.

This revolution, also, includes changing concepts of the role and responsibilities of the pharmacist. Pharmacy faces opportunities calling for certain decisions by its constituents. Shall pharmacy be tied to the dead hand of the past—and much of the present—as merely a vocation largely content merely to dispense? Shall pharmacy remain *product-oriented* or become *patient-oriented*? Shall pharmacy be the profession that accepts and discharges responsibilities in patient medication record keeping, counseling of the public in the use of over-the-counter drugs, and therapeutic consultant to prescribers?

We could mention many more facets of health care and pharmacy services that pharmacy must face. Pharmaceutical educators must play a leading role, along with the state professional pharmaceutical society, the Board of Pharmacy, and the Alumni Association in examining these issues, planning for today and tomorrow, and in executing the necessary programs.

The academic curriculum must be constantly under surveillance to assure its relevancy to the on-going situation and to prepare for the practice of pharmacy in the years ahead.

The School of Pharmacy, then, is a key factor in this complex matter. Based on initial contacts with the new Dean, as well as his record of participation in the profession of pharmacy in many areas, including community pharmacy and pharma-

ceutical associations, we look forward to working cooperatively with him. He is dedicated to assuring the School of Pharmacy an integral role in the family of the University's health professional schools. He believes in involving pharmacy—both the school and the profession—in the community and in all activities concerning the delivery of high quality health care. He seeks a close liaison with the state professional pharmaceutical society in order to advance pharmacy academically and professionally. He has a distinguished record in teaching and in research in his specialized field of interest in pharmacology.

The Maryland Pharmaceutical Association pledges its full support to Dr. Kinard and the School of Pharmacy and wishes him great success in the challenging, difficult, and critical tasks that face him.

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President's Message

Dear Fellow Members:

Your Officers and Executive Committee have been kept quite busy in the past weeks visiting and working with members of the Legislature on newly proposed laws which would affect the practice of Pharmacy. We have had frequent meetings ourselves to discuss our viewpoints and develop a position for the Association as a whole. The Chairman of the Legislative Committee accompanied your President and Executive Secretary to Annapolis regularly to present our views to the various delegates and senators. I am sure that many of these elected representatives are known to you personally, and we urge that you use your personal contacts to obtain favorable action on the many bills which are under consideration at one stage or another. Letters from you, your family and your friends make a profound impression on state senators and delegates.

In addition to the many problems which we face in Annapolis, we are again faced with recurrent problems in relation to the Office of Economic Opportunity (OEO) and the Provident Comprehensive Neighborhood Health Center. The members of the Baltimore City Council have been favorable to our viewpoint that nothing must be done to hurt the practicing and tax-paying neighborhood pharmacist. We have also been advised that the Mayor and his administration support this view. In spite of this, the OEO in Washington appear to support the position that the Center should provide 24 hour a day pharmacy service to the neighborhood it serves. This would almost certainly bring about the exclusion of the neighborhood pharmacist in providing the drug needs of the area residents. Must the retail pharmacist become poverty-stricken before the United States Government will recognize his needs? It would appear so.

I must remind you that the efforts which we are making on your behalf are very costly in both time and money. Although the officers do not get reimbursed even for travel costs, nevertheless there are costly legal and administrative fees which must be met. I urge each of you to send your dues to the office, if you have not already done so. We cannot operate without funds adequate to meet our expenses, and at no time in the history of the Association have our expenses reached their present heights. We would welcome your comments, your suggestions, your participation and your support in these vital efforts at this crucial time.

MILTON A. FRIEDMAN,
President

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Secretary's Script ...

A Message from the Executive Secretary

Top Association Agenda 1968

Your Association officers and staff have been concentrating on several critical matters in the past few months.

First, since the beginning of the year when the state legislature convened, we have screened the more than 2,000 bills that have been introduced to determine their impact upon pharmacy and health care, as well as the management aspects of our interests.

This year there was unusual concern by legislators with many aspects of health care. This was reflected in many bills which were introduced. Those enacted and signed by the governor will be reported on in the next issue of *The Maryland Pharmacist*.

Second, the state Medical Assistance Program has required constant vigilance to assure that our views are given full consideration as to policies, administration, and fiscal policies. We have taken steps to present our views to officials, legislators, and to Governor Agnew personally.

Third, we have continued our work to have a vendor plan through community pharmacies included as part of the Provident Comprehensive Neighborhood Health Center. This has resulted in bringing the issue before the Dingell Committee (Subcommittee on Regulatory and Enforcement Agencies, Select Committee on Small Business, U.S. House of Representatives). *A strong case has been made by us to assure full consideration for private community pharmacies when governmental health programs are established.*

Membership 1968

The response to the new dues structure has been gratifying so far. The

change affected proprietors and managers of pharmacies. We trust that all who have a stake in pharmacy—regardless of category or status—will discharge their responsibilities for full support of the state professional pharmaceutical association. These responsibilities include personal membership plus the signing up one's colleagues and associates— employer/employee, pharmacist (community, hospital, governmental, etc.), wholesaler, representative or educator.

Convention 1968

The 86th Annual Meeting will be held at the MPA Convention in Atlantic City, New Jersey, July 8-11. The completely refurbished Shelburne Hotel, noted for its unsurpassed cuisine will be our headquarters. A stimulating, exciting program is planned for everyone, including the ladies and youngsters of all ages. Reserve the date now, and return your registration forms upon receipt.

Alumni 1968

The University of Maryland School of Pharmacy is now at critical juncture in its history. The appointment of a new Dean calls for heightened awareness on the part of the alumni and all members of the profession in Maryland. Education is a pillar of any calling which considers itself a profession. The MPA has established the School of Pharmacy Committee as the channel for our concern. In addition, the Alumni Association bears great responsibilities for the future of the only academic institution in the state devoted to pharmacy.

All of us who recognize the key role of the school will lend their support

to both the MPA and the Alumni Association in its efforts to assist the new administration to achieve the goal of number one pharmacy college in the nation, and, yes, in the world.

Sincerely,

Nathan S. Gray

Executive Secretary

—o—

"To praise technology and condemn industry . . . is like favoring education but condemning the university."

"From the manner of things, ideas do not come from prosperity, affluence and contentment, but rather from the blackness of despair, not in the bright light of day or in the footlight's glare but rather in the quiet undisturbed hours of midnight or early morning when one is alone to think." *Frederick Banting*

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Pharmacy Changes

The following are the pharmacy changes which occurred during the month of January, 1968:

New

Giant Pharmacy No. 202, Joseph Danzansky, President, 275 North Washington Street, Rockville, Maryland 20850.

Village Pharmacies, Inc., William J. Sullivan, President, 363 South Cleveland Avenue, Hagerstown, Maryland.

Change of Ownership, Address, Etc.

Beeli's Drug Store, Julian Miden, (formerly located at 3133 West Belvedere Avenue) 5145 Park Heights Avenue, Baltimore, Maryland 21215.

Drug Marx, Emanuel Shulman, President (Change of name only—formerly Hillcrest Heights Drugs, Inc.) 2334 Iverson Street, S.E., Hillcrest Heights, Maryland 20031.

Pocomoke City Pharmacy, Richard E. Martin, President (formerly owned by E. C. Wilson, Jr.), 149 Market Street, Pocomoke City, Maryland 21851.

Potomac Valley Pharmacy, Inc., Robert J. Martin, President (formerly Cooley's Pharmacy, William A. Cooley) Cor. N. Centre & Valley Streets, Cumberland, Maryland 21502.

White Cross, D. M. Robinson, President (Formerly Fallstaff Drug, Inc., Irwin S. Bancheck, President) 6852 Reistestown Road, Baltimore, Maryland.

No Longer Operating As Pharmacies

Donnybrook Pharmacy, Lawrence R. Siegel, 246 E. Burke Avenue, Towson, Maryland 21204.

Peoples Service Drug Stores, Inc. No. 148, G. B. Burrus, President, 11305 Georgia Avenue, Wheaton, Maryland 20906.

The following are the pharmacy changes which occurred during the month of February, 1968:

New Pharmacies

Clinton Community Hospital Pharmacy, 7945 Woodyard Road, Clinton, Maryland, Dr. Robert W. Merkle, President.

Maryland Penitentiary Hospital Pharmacy, 954 Forrest Street, Baltimore, Maryland 21202, Roger Copinger, Warden.

Change of Ownership, Address, Etc.

Ansell Pharmacy, Inc., 24 E. Madison Street, Baltimore, Maryland 21202, Herbert C. Cook, President, (Formerly owned by Max and Lillian Ansell).

Maryland Pharmacy, Inc., 1836 Edmondson Avenue, Baltimore, Maryland 21223, David Y. Serpick, President (Formerly owned by Sam Edlavitch).

Rockville Drugs, 1069 Rockville Pike, Rockville, Maryland, Joel Shulman, President (Change in Corporation and Officers, President stayed the same).

No Longer Operating As Pharmacies

Fulton Pharmacy, 1561 N. Fulton Avenue, Baltimore, Maryland 21217, Harold E. Mandel.

F. H. Kaminski, Pharmacist, Inc., 3138 O'Donnell Street, Baltimore, Maryland 21224, Felix Kaminski, President.

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NOEL E. FOSS

BMPA PRESIDENT'S MESSAGE

Pharmacy is being assaulted on many fronts today. Lawmakers have called for reduced fees for prescriptions filled under the Medical Assistance Program. Radio personalities are questioning the prices they have to pay for prescription medication. Newspapers are decrying the fact that there are varying prices for prescriptions in different sections of the city.

It is time that each of us answer these charges with the truth!

Medical care fees are still below the cost of filling prescriptions and, if anything, should be raised.

No one likes to spend money for drugs (they're sick and it costs money, besides—therefore hurting doubly!); but prescription services must be paid for.


Different pharmacies have varying costs of operation, and therefore, should have differing charges for their services. (e.g., inner city insurance premiums are much higher than comparable coverage in the county. So are salaries!)

Isn't it time that we pharmacists took the mystery out of the prescription price, and showed exactly how we arrive at our charges? Isn't it time that we each adopted in our own practices a uniform pricing schedule and discussed freely with our patrons the price we charge? The public, today, is knowledgeable and is capable of understanding just fees. They, simply, do not want to feel that they are being gypped!

Reasonable people understand reasonable charges and are willing to pay them.

DONALD O. FEDDER,

President



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National Poison Prevention Week Proclamation



Mayor Thomas J. D'Alesandro III, Mayor of Baltimore presents National Poison Prevention Week proclamation to Donald O. Fedder, President of the Baltimore Metropolitan Pharmaceutical Association as community pharmacists observe the event, March 17-23, 1968.

Historically, the leading cause of accidental poisonings has been like the careless storing of medicines, drugs, and household chemicals by families with young children.

Area pharmacists are trying to make families more conscious of cleaning out medicine cabinets at least every 3 months and of keeping household chemicals and medicines under lock.

CONVALESCENT AIDS

Convalescent and home care needs departments for our pharmacies are a must. As health specialists who are health oriented it would be certainly in the public interest for the establishment of convalescent aids and home necessities in our pharmacies.

We should be aware of the needs of *people of all ages*, not only those eligible for such supplies and appliances under Medicare and Medicaid.

Pharmacy Calendar

May 5-10—American Pharmaceutical Association Annual Meeting, Miami Beach, Florida.

May 16—Alumni Association, University of Maryland School of Pharmacy, Annual Business Meeting, Baltimore Union Building.

May 21—L.A.M.P.A. Luncheon and Fashion Show, Tail of the Fox, Towson, Maryland—Dinner 12 noon.

June 5—Alumni Association School of Pharmacy, Annual Banquet and Dance, Holiday Inn, Downtown.

July 8-11—Annual Convention, Maryland Pharmaceutical Association. Shelburn Hotel.

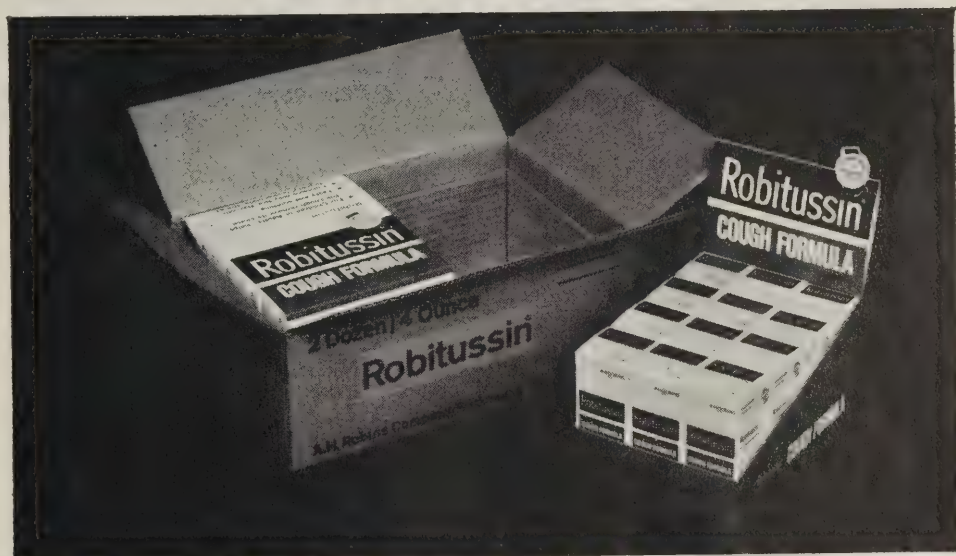
July 21-25—Alpha Zeta Omega National Fraternity Convention, Marriott Twin Bridges Motel, Washington, D.C.

Medicare Claims Personnel

6400 permanent new positions to handle millions of new old age, survivor and medicare claims have been asked for by President Johnson in his 1969 budget for Social Security.

Other permanent job increases recommended to Congress by the President of interest to Pharmacy are: H.E.W. Food & Drug Administration 200; Public Health Service's National Institute of Health would receive—1,000; Census Bureau—80; Justice Department's Office of Law Enforcement—35; Community Relations Service—46; Department of Labor's Age Discrimination—91; Wage & Hour—75; Work Training Program—220; Treasury Department, Internal Revenue Service—1,100; Secret Service—90; Narcotics—85; Customs—350; Veterans Administration's medical—2100 and non-medical operations—260.

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Tell them you saw it in "The Maryland Pharmacist"



Samuel L. Fox, M.D.*

In the December 18, 1967 issue of the *American Druggist*, Editor Dan Rennick assumes the role of the "Sidewalk Superindependent" and proceeds to indicate how pharmacy will be practiced in the "sooner than we realize" future. I quote him directly from his column, *Straight Talk*:

"The time is coming—perhaps sooner than we realize—when the pharmacist will be called on by the physician to select the drugs most appropriate for each case. Not only will the pharmacist specify the type of drug, but he will also choose the brand and stipulate the dosage."

In support of this notion, Mr. Rennick quotes one, Eli P. Bernzweig of the U.S. Public Health Service as saying, "The pharmacist is a drug specialist! In the drug area, he is as much the expert as the physician in the disease area."

It is unfortunate that an official of the U.S. Public Health Service would make such a foolish statement, but it becomes sheer folly when the editor of a trade journal compounds the felony from the comfort of his swivel chair.

The prescribing of proper drugs for disease is and must be the function of

the physician alone: the *dispensing* of these drugs in their most effective form is the responsibility of the pharmacist. In order to prescribe, one needs to do more than make a diagnosis. One must assess the entire patient, including a full knowledge of his past history and any possible adverse reactions which he may show to the drugs under consideration. The adjustment of dosage is a difficult procedure and often entails constant observation of the patient through the critical periods of his illness, with dosage adjustments almost from dose to dose.

If what Messrs. Rennick and Bernzweig say is true, then the pharmacist is doomed to extinction. After all, if the physician will need only to make the diagnosis, surely a computer could be employed to pick out the best drug for that patient. A computer has a better "recall" than a practicing pharmacist and will make less errors in judgment and deliver a greater variety of drugs in any given case than the human brain can store in his memory.

No, gentlemen, the pharmacist is not doomed to extinction. And neither is the physician. Computers cannot replace them, although they can be of real assistance in broadening the scope of information that may be needed at any given moment.

The physician will be needed to "sift the evidence"; i.e., to obtain an *accurate history*, for experience has shown that this is often the most important information at the physician's command in making a correct diagnosis. No one cannot substitute for the experienced physician in obtaining the history: not an office aide, not a nurse, not a computer. The nuances of the questions required to dig out important information and separate it from much trivia which the patient offers in the history, such is a human function requiring great training, skill and experience. The physical examination now plays a secondary role, since most of this can be ordered by a

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

computer, to be done in the laboratory or by trained technicians.

The selection of drugs for a patient by anyone than such a trained physician who has personally made the detailed efforts to arrive at a proper diagnosis and evaluation of the patient would not only be unwise but could often prove ineffective and even dangerous. The treatment of disease is not as clear-cut as the neutralization of acid by alkali, or the use of a "specific" drug. Much of what troubles man today is not organic. What pharmacist can pick the best drug to treat a man's psyche?

The role of the pharmacist will change of course. It is inevitable that pharmacy as now practiced in the corner drug store will see marked changes in the future. However, I must remind you that *the public likes pharmacy the way it is* or it would not succeed. The enigma of the situation, to me at least, is the great disparity between the image the pharmacist wishes to create as a professional who is part of the health team when he is behind his prescription counter, and the operation of the remainder of the store where he is clearly a retail merchant of general merchandise.

I predict that in the future, pharmacists will assume one of three positions in the health community: (a) as the neighborhood pharmacist, (b) as the pharmacist in a hospital or health center, and (c) as a specialist in pharmaceuticals in drug manufacturing plants. I believe the educational requirements necessary to fulfill these various roles are different, and I believe the present policies of everlengthening courses of study will be self-defeating. There should be a basic course, and opportunities for advanced work in pharmacy (not as a candidate for a Ph.D. in some research field) should be available to fit him for the other roles mentioned.

(I will discuss this further in another column).



Association Services

The Maryland Pharmaceutical Association maintains an employment registry service for members of the Association.

Although pharmacists are in short supply, the office usually has an active file of pharmacists and pharmacies who have vacancies. If you would like to be placed on the registry send your name, address and phone number to the Association, 650 West Lombard Street, Baltimore, Md. 21201.

In addition any one having an opening for a pharmacy student should contact the office.

Have you checked on the benefits of the Association's Health and Accident, Major Medical and Salary Continuance Life Insurance and Retirement plans? The value and service cannot be matched by any other individual or group plan. Contact the office for details.



PHARMACY PRECEPTOR'S GUIDE

Pharmacy Preceptor's Guide, a manual for internship training prepared by a Joint Committee on Preceptor's Guide of the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy will be presented by the Association to each entering class at the School of Pharmacy, University of Maryland.

A formal presentation will be made at a meeting of the student body.

"In spite of our troubled world and threats of impending disaster, I am convinced . . . that a continuing progress in science offers the greatest promise, not only for our future material welfare, but also for the achievement of a richer, more significant, and more satisfying existence."

Arthur W. Lamb

Continuing Education Questionnaire

In developing the program of the Association's regional meeting the past October 1967 a continuing education questionnaire was prepared and sent to Maryland pharmacists. The letter sent with the questionnaire stated: "the rapid changes occurring in all the health professions, including pharmacy, make it mandatory that an increasing emphasis be placed on continuing education. For the past seven years the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy have jointly sponsored the Robert L. Swain Pharmacy Seminar, a one day continuing education seminar on professional and scientific subjects. In addition, in 1962 the MPA inaugurated the Simon Solomon Pharmacy Economic Seminar on economic problems. Recently there have been numerous inquiries concerning additional educational programs for community and hospital pharmacists."

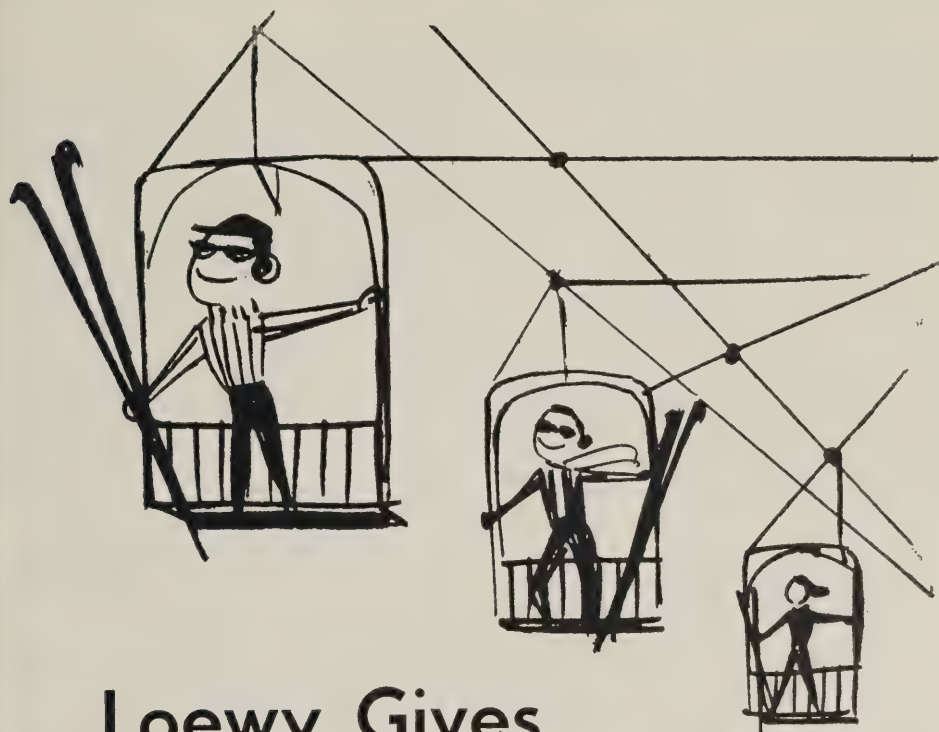
The questionnaire was designed to determine the type of program which would best meet the needs of the pharmacists of the State of Maryland.

The Association is indebted to Dr. Ralph F. Shangraw, Associate Professor of Pharmacy, University of Maryland, School of Pharmacy, for developing the questionnaire and compiling the results.

SUMMARY OF RESULTS

(All per cents are given in terms of the number of respondents to each individual question. In some cases, such as question 6, it was possible to choose more than one item.)

	Response	#	%
1. Would you be interested in participating in a continuing education program?	Yes	232	86.9
	No	35	13.1
2. What schedule of continuing education do you feel would best meet your needs?	one day weekday	31	13.3
	one day Sunday	36	15.5
	one week in residence	6	2.6
	two day seminar	9	3.9
	one night for 4 weeks	55	23.7
	one night for 6 weeks	28	12.1
	one night for 8 weeks	31	13.4
	other	11	4.7
3. If a program were offered at night, what time would you prefer?	7-9	63	30.4
	8-10	107	51.7
	9-11	12	5.8
	10-12	22	10.6
	other	3	1.4



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	Response	#	%
4. On what days or nights would you prefer to attend sessions?	Monday	39	16.8
	Tuesday	70	30.2
	Wednesday	88	37.9
	Thursday	80	34.5
	Friday	14	6.0
	Saturday	6	2.6
	Sunday	34	14.6
5. a) Are you an employer?	Yes	99	42.6
	No	133	57.3
b) Would you be willing to pay employee pharmacists for time they spend attending continuing education courses?	Yes	37	41.1
	No	53	58.9
c) Would you be willing to pay their registration fees?	Yes	52	58.4
	No	37	41.6
6. a) Would you like to participate in a course which involves homework and tests?	Yes	86	57.3
	No	64	42.7
b) Would you favor receipt of a certificate?	tests	46	27.7
	attendance	51	30.7
	not necessary	69	41.6
7. a) In what subjects would you be the most interested?	a) Pharmaceutics	110	47.4
	b) Prof. Serv. & Sup.	111	47.8
	c) Pharmacology	169	72.8
	d) O.T.C. Evaluation	108	46.5
	e) Chem. of medicinals	81	34.9
	f) Management	110	47.4
	g) Institutional	72	31.0
	h) others	12	5.2
8. a) Are you in favor of social functions in connection with a continuing education program?	Yes	87	39.4
	No	134	60.6
b) What type of functions do you favor?	dinner or lunch	21	22.8
	buffet	29	31.5
	coffee and doughnuts	42	45.6
9. a) Have you ever enrolled in a professionally oriented correspondence course?	Yes	28	14.4
	No	167	85.6
b) If yes, who sponsored the course(s)?	St. Louis Coll. of Pharm.	15	
	United States Navy	5	
c) Would you be interested in participating in a correspondence course in relation to pharmacy?	Yes	120	71.4
	No	48	28.6

	Response	#	%
10. a) Are you in favor of compulsory continuing education as a requirement for biennial reregistration for practice in the State of Maryland?	Yes	76	36.0
	No	135	64.0
b) Would you be in favor of compulsory continuing education if it applied to pharmacists licensed only after a law with such a requirement has been passed?	Yes	58	27.7
	No	151	72.3
11. Type of Professional Practice.	Community	214	92.2
	Hospital	23	9.9
	Government	7	3.0
	Education	1	0.4
	other	5	2.1
	Sales	22	9.5

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Volume 26

FEBRUARY, 1968

No. 5

T.A.M.P.A. Meetings

The annual Oyster Roast featured the February meeting held at the Knights of Columbus Hall, Highland and Fleet Street, Baltimore, on Saturday, February 3, 1968.

Ab Leatherman and his sons were in attendance as part of a father and sons' reunion.

Ken Mills would like to hear from you if you can sing, dance, or play an instrument. Mail him a card to 8509 Drumwood Road, Baltimore, Maryland 21204.

Youngs Fair Trade Program

Youngs Drug Products Corporation, manufacturer of the TROJAN line, has retained the services of the Baltimore law firm of Melnicove, Asch, Greenberg & Kaufman to supervise continuance of its Maryland Fair Trade program. Joseph S. Kaufman, Esq., a partner in the Melnicove firm, is Youngs' counsel in personal charge of the program.

Youngs has always advocated and supported the cause of Fair Trade min-

imum price maintenance and compliance through educational means as well as in the courts.

—O—

Drug Information Mailing Guidelines

The F.D.A. has set up guidelines for the mailing of important information about drugs. In the public interest according to the announcement, such mail should be distinctive in appearance so that it will be promptly recognized and read. Manufacturers and distributors of drugs are asked to make such mailing as prescribed and not to use the distinctive envelope for ordinary mail.

Did you know that Henrik Ibsen, the great Norwegian playwright was a pharmacist? Some of the characters in his plays were people he knew and served in an apothecary shop in Norway.

Improve your small talk—talk about something else than the weather with your customers. Encourage them to participate in community health campaigns.



CAMERA HOSPITAL



*"I don't care if
your camera is
over 65 years
old—I'm not
authorized to
repair it under
Medicare and
that's that!"*

L.A.M.P.A. News

By Miriam Kamenetz
(Telephone 944-0398)

Mark your calendar for a "RED" letter day on Tuesday, May 21st, for Lampa's ELECTIONS of '68. On the agenda is a delightful luncheon and fashion show at the Tail of the Fox, Towson, Md. In true patriotic spirit the lovely ladies of Lampa (and their daughters) will model the latest in fashion finery. Models of the red, white, and blue theme include: Mrs. Dorsey Boyle, Mrs. Morris L. Cooper, Mrs. James P. Cragg, Jr., Mrs. Marvin W. Henderson, Mrs. Norman Levin, Mrs. Anthony Padussis, Mrs. Samuel Raichlen, Mrs. William Seechuk, Mrs. Terri Friedman Sober, and Mrs. Bobbie Mouat Wilhelm. Another special attraction will be a Fashion Boutique arranged by Franklin Simon.

Your invitation will be in the mail shortly. Plan to attend and why not invite a guest?

—O—

L.A.M.P.A. Officers

1967-68

President—Mrs. Frank J. Slama
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Report of the Professional Relations Committee Maryland Pharmaceutical Association

The 1967 Diabetes Detection Drive was conducted in the State of Maryland and was once again supported by the Maryland Pharmaceutical Association through the Professional Relations Committee. The pharmacists of Maryland cooperated in this community project to a greater extent this year than ever before. For the first time the public had the opportunity to secure the diabetes test packs from their neighborhood pharmacy, and to return them to the same pharmacy where testing was carried out by their own pharmacist. In addition, other test packs were mailed back to the Md Pharm. Assn.; where practicing pharmacists, particularly the staff at the University Hospital Pharmacy, did the testing. This activity was carried on in addition to a testing center at the Health Fair con-

ducted at the Baltimore Civic Center. Needless to say, the role of Pharmacy in the success of the campaign was not only unique but vital.

The Professional Relations Committee also spent many hours with the Maryland Medical and Chirurgical Faculty in developing a "Code of Understanding" for Medicine and Pharmacy. This instrument was completed and ratified by both professions and has been published in the official journals of both groups.

The year, 1967, proved to be a year of increased cooperation and understanding between Pharmacy and Medicine in the State of Maryland, and we look forward to even greater progress in the future.

W. H. GLUCKSTERN
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With Stewart in-fra-red sandwich service you do not tie-up any money in high cost equipment and fixtures. A gleaming, sanitary and efficient Stewart In-fra-red cookery is loaned you and maintained — **FREE!** Uses only one square foot of space — eliminates kitchen equipment, dishes and dishwashing.

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School of Pharmacy, University of Maryland Meet the New Dean

Dr. William J. Kinnard, Jr. has been appointed Dean of the School of Pharmacy, University of Maryland, effective July 1, 1968. The Board of Regents in announcing the appointment noted that Dr. Noel E. Foss, who has served as dean since 1949, is returning to teaching and research activities as professor of pharmacy on the school's faculty.

Dr. Kinnard comes to Maryland from the University of Pittsburgh, School of Pharmacy, where he has been a faculty member since 1957, chairman of the curriculum committee since 1965, and full professor since 1966.

His research interests, as reflected in more than 60 scientific publications, center on the neurophysiological, behavioral, and cardiovascular aspects of pharmacology.

In bringing Dr. Kinnard's appointment to President Wilson H. Elkins and the Board of Regents, Dr. Albin O. Kuhn, chancellor of the Baltimore Campus of the University of Maryland stated that a committee comprised of faculty representatives of the School of Pharmacy and other segments of the university had made an intensive study of the direction in which pharmacy is moving in the United States and had given its unanimous support to the appointment of Dr. Kinnard for the position of dean to lead the further development of the school.

Dr. Kuhn also expressed appreciation for the 19 years of devoted effort that Dean Noel E. Foss has given to the school and the university, citing the many achievements made by the school under his deanship.

Dr. Kinnard was born in Wilmington, Delaware and earned his B.S. and M.S. degrees from the University of Pittsburgh and a Ph.D. in pharmacology from Purdue University, where he studied under a former faculty member

of the University of Maryland School of Medicine, Dr. C. Jelleff Carr. His studies were supported in part by a fellowship from the American Foundation for Pharmaceutical Education.

He also received specialized training in neurophysiological techniques in the laboratories of Dr. H. Jasper of McGill University, whose pioneering studies confirmed the existence in the upper brainstem of a network of interconnected neurons known as the central reticular system.

The Angiology Research Foundation chose Dr. Kinnard for its Honors Achievement Award for his work during the years 1960-65.

He is a member of many professional organizations, including the American College of Angiology, the American Pharmaceutical Association, the Society of Sigma Xi, and the Rho Chi Honorary Pharmaceutical Fraternity. He is a visiting lecturer for the American Association of Colleges of Pharmacy, a member of the program committee of the American Society of Pharmacology and Experimental Therapeutics, a regent of the Pittsburgh graduate chapter of Kappa Psi Pharmaceutical Fraternity, and a governor of its second province.

—O—

Heart Prescriptions

When you receive prescriptions under the Maryland Pharmaceutical Association-Maryland Heart Association proffer the Heart Association records. Date the postcard on the day the prescription, be sure to mail post card back cription is dispensed.

"Research is the essential vitamin without which the body of industry loses its vitality and dynamic character."

Charles H. Greenwalt

**University of Maryland
School of Pharmacy**

**ANNUAL
ALUMNI BANQUET**

Wednesday, June 5, 1968

HOLIDAY INN—DOWNTOWN

The Honored Alumnus

Award Will Be Presented

THURSDAY, May 16, 1968— Annual meeting, Alumni Association
Thursday, May 16, 1968—8:00 P.M.
Alumni Lounge, Baltimore Union
Building.

Nomination and Election of Officers
1968-69

THURSDAY, June 6, 1968— Honors Day Convocation, Health
Sciences Library Auditorium

SATURDAY, June 8, 1968— Commencement, University of Mary-
land, College Park, Maryland.



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specialized operation. It takes a great deal of up-dated professional knowledge and skill, new product awareness, in fully adequate stock for both sides of the counter—in fast, efficient deliveries, in accurate modern billing methods.

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Prince Georges-Montgomery County Pharmaceutical Association

Ervin M. Koch was elected president of the Prince Georges-Montgomery County Pharmaceutical Association for 1968-69 at the March general membership meeting. N. W. Chandler was named honorary president, a newly established post.

Completing the slate are: Murray Rubin as first vice president; Martin Hauer, second vice president; Allen Berger, third vice president; Louis Nobel, fourth vice president; Paul Reznick, secretary, and Rudolph Winternitz, treasurer.

Selected for the executive committee for three year terms: Melvin J. Sollod, Morton J. Schnaper, James Ritchie. For two year terms are: Richard D. Parker, Ryland Packett, Matthew Nevins and for a one year term: Gabriel Katz, Dominic Vicino and Willam Brunnett. Paul R. Bergeron, II as chairman. Ex-officio are Ben Mulitz, Leonard Sogloff, James Carr.

Installation of the officers and executive committee will take place at the April installation dinner.

LEDERLE AWARD

Presentation of Runner up awards of the NARD-Lederle Interprofessional Service Award 1967, to Melvin J. Sollod and Gerald Y. Dechter by James Wohl, Regional Manager, Lederle Laboratories and William E. Woods, Washington Representative NARD, was made recently.

The entry was entered in the contest by the Maryland Pharmaceutical Association on behalf of the Prince Georges-Montgomery County Pharmaceutical Association.

The Prince Georges-Montgomery County Pharmaceutical Association in cooperation with the Medical Societies of Prince Georges and Montgomery County, polled the physicians of these organizations concerning the transmittal of authorization on the renewal of

prescriptions. The secretary has the signed cards of physicians authorizing the transmittal of information.

The FDA has requested that the physicians advise the pharmacist in advance if his assistant can transmit his authorization. This does not mean that an assistant may authorize refills, but can only pass on the judgement of the physician.

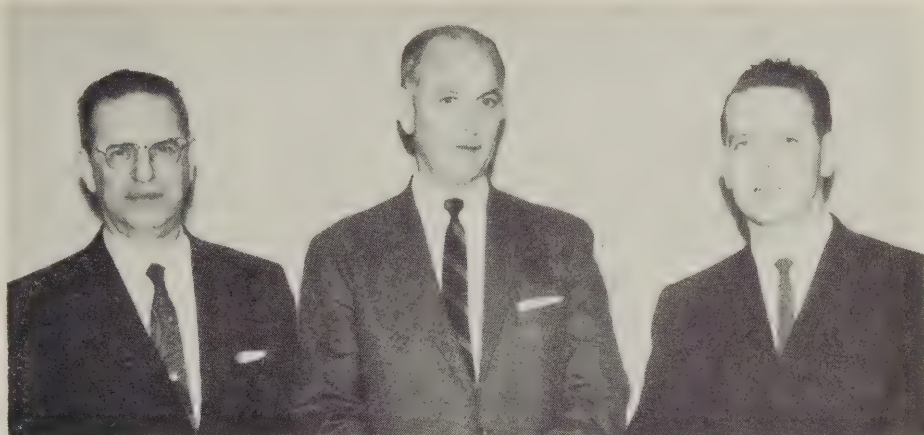
A booklet containing a list of the physicians authorizing this service has been published. For the protection of the pharmacist all other physicians should be contacted personally. Addition and deletions as they occur will be published in the Bi-County Pharmacist.

SCIENCE FAIR

The Prince Georges-Montgomery County Pharmaceutical Association has sent a letter to the school principals and science fair supervisors regarding the Association's participation in Science Fair Projects.

"In order to promote interest in pharmacy as a science and profession", Samuel Morris, Chairman, Public Relations Committee of the Association noted in a letter to the administrators, "The Prince Georges-Montgomery County Pharmaceutical Association would like to present a ceramic Mortar and Pestle to that student whose science fair project at the Regional Fair best portrays the pharmacy profession in any of the following categories: Pharmacy, Pharmaceutical Manufacturing, Pharmaceutical Research, History of Pharmacy."

Julian Morris, son of Samuel Morris, M.Ph.A. member and Associate Editor of the Prince Georges-Montgomery County Pharmaceutical Association's publication, the Bi-County Pharmacist, is on the Public Relations Staff of the National Institute of Health, Bethesda, Maryland.



Dr. John G. Adams (center), addressed the February 1968 general membership meeting of the Prince Georges-Montgomery County Pharmaceutical Association on "Generic Drugs". Dr. Adams is vice-president of the Pharmaceutical Manufacturers Association. Paul R. Bergeron, II (right) is president of the county association and Paul Reznick (left) is secretary.

Over 60 Employment Counseling Service

A placement service for employers and employable older citizens operated by the OVER-60 Employment Counseling Service of Maryland, Inc., a non-profit organization located at 309 North Charles Street, Baltimore, Maryland 21201, telephone 752-7876, offers to workers over 60 and looking for work the following:

Experienced personnel counselors to assess your employment possibilities with retirees who understand your problems.

Advice on where and how to look for employment. And suggestions on how to adjust to positions open to the elderly.

Contacts with industry, and a program to encourage the hiring of older workers. 1300 placements already made.

Information on job opportunities full-time and part-time, paid and volunteer. Over 500 positions available.

Counseling on personal problems. And referrals to other agencies for help in areas other than employment.

All these services completely free. No fee required of applicants or employers.

Looking For Workers—Try— Over-60 Offers You

Baltimore's only inventory of Senior Citizens talent. Over 3000 men and women are registered.

A labor pool of workers, mature, and eager to work. A wide variety of skills, education, experience.

First rate workers for full-time or part-time employment. Over 1500 available for placement.

Aid in adjusting benefits and waiving pension plans to help fit the older worker into your company.

Volunteer workers to help staff agencies, hospitals, etc.; persons who seek to serve, regardless of pay.

A chance to restore a citizen to usefulness and productivity. Satisfaction in helping the elderly feel that they "belong."

Open Tuesday, Wednesday, and Thursday from 10 a.m. to 3 p.m. and at the United Church Center, Harundale Mall, dial 766-1282 any day, interviews Thursdays 10 a.m. to 3 p.m.

Alleghany-Garrett County Pharmaceutical Association

The Maryland Pharmaceutical Association's exhibit "Antique Pharmacy" highlighted the Health Careers Fair sponsored by the Ladies Auxiliary of the Alleghany County Medical Society on March 25, 1968.

The Alleghany-Garrett County Pharmaceutical Association was one of twenty-five exhibitors. The Association's exhibit centered on the Antique Pharmacy display, receiving many favorable comments.

Samuel Wertheimer, President-Elect of the Maryland Pharmaceutical Association served on the organizing committee of the Fair. William A. Cooley, Robert Martin, and Samuel Wertheimer were in charge of the booth, encouraging youngsters visiting the booth to take up the study of Pharmacy as a career.

Ivan I. Lichenstein, an alumnus of the Philadelphia College of Pharmacy and Sciences, Class of 1909 died in Cumberland, Maryland on February 24. He had retired from the practice of Pharmacy 15 years ago.

William A. Cooley sold his pharmacy (Cooley's Pharmacy) to Robert Martin, Harry Eisentrout, and Steve Hospadavis.

Walter P. Mackey of Shupe's Pharmacy, Frostburg is recovering nicely from an emergency appenlectomy. William A. Cooley stepped in to manage the pharmacy during Mr. Mackey's absence.

Robert J. Martin is President of the Association and Robert F. Tomsco, Secretary-Treasurer. The Association's mailing address is 11 North LaVale Street, LaVale, Maryland 21502.

Reported by Samuel Wertheimer.

Cole Pharmacy Museum Kelly Memorial Building

Visitors to the Cole Pharmacy Museum represented the following States and Countries as of February, 1968:

STATES: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Montana, New York, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, D.C., West Virginia, Wisconsin.

COUNTRIES: Africa, Brazil, Canada, Denmark, France Hong Kong, Ireland, India, Indonesia, Iceland, Israel, Japan, Lebanon, Lybia, Puerto Rico, Sweden.

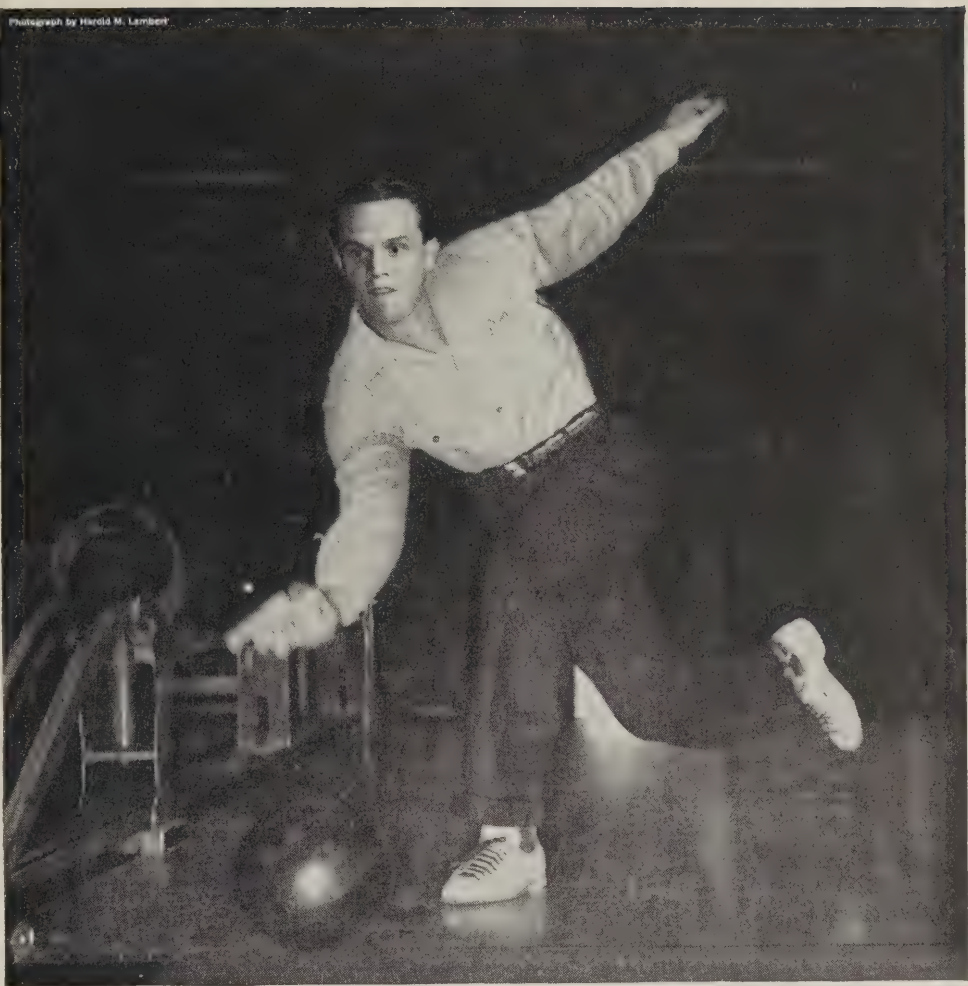
Irving Cohen is to be complimented for the untiring work performed by Mr. Cohen and his committee to bring about the realization of the completion of the Swain Model Pharmacy and the establishment of the B. Olive Cole Museum.

Dr. Morris L. Cooper is Curator. Gifts of pharmaceutical artifacts will be gratefully appreciated.

Health Education Center

The Maryland Pharmaceutical Association has a Health education center rack on display at Association Headquarters. Racks are available to M.P.A. members at cost (\$15.00). M.P.A. maintains a supply of free health pamphlets. Health Information pamphlets may also be obtained from the American Medical Association of the American Pharmaceutical Association. The National Association of Retail Druggists, various Government Agencies and pharmaceutical manufacturers. Display them in the stand, or tuck a pamphlet or leaflet in your mailing. No matter how you use the publications, you've added an extra service for your customers . . . providing them with helpful health education information.

Photograph by Harold M. Lambert



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He's a professional bowler. He knows there is more to bowling than strikes. Your Youngs Drug Products salesman is a professional, too. He knows there is more to selling than taking orders. That something "more" is training and experience.

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Our men at Youngs are more than Trojan salesmen, much more.

Youngs Drug Products Corporation. 393 Seventh Avenue, New York, N.Y. 10001.



Alpha Zeta Omega Pharmaceutical Fraternity

Senator Gaylor H. Nelson was the featured speaker at the "Elder H. Stein Visiting Lectureship" held at the University of Pittsburgh School of Pharmacy, on February 11, 1968.

This occasion was made possible through a visiting lectureship grant awarded to the University of Pittsburgh through the Supreme Chapter by the Roy Scott Foundation.

The Far Western Regional of the Fraternity was held on March 8, 9 and 10. Regional headquarters were at the Sportsman Lodge of North Hollywood, California.

Dr. Donald Wolk spoke on "Hallucinogenic Drugs" at the Annual Seminar of the Southern Connecticut Alumni held on February 4.

The Spring Regional held in St. Louis, Mo., March 23 and 24 heard Dr. Frank Mucer speak on L.S.D. The Colony Motel headquartered the meeting.

"Forty Years of AZO", the book just printed by the fraternity, is available from Mr. Jerome Boonshoft, 247 Wadsworth Avenue, New York, N.Y.

From the Legal Advisor on Hazing

Gerry Essig notifies the Supreme that hazing is contrary to New York State Law. Moreover, in a most lucid document on the subject, he notes that "... The civil liability certainly refers in general to each and every Fraternity Chapter in the country. (Moreover) criminal liability would be incurred in those states having specific "anti-hazing" statute and probably in every state where assault is punishable. It is my opinion, therefore, that the hazing practices involving physical contact are illegal, would subject the organization to civil liability and its members to criminal and civil sanctions." With the

Fraternity's Constitution also expressly prohibiting physical hazing, members are fore-warned that they will practice this outmoded infliction at their own risk.

Joey Sangor, Milwaukee Alumni, was recently elected to the Wisconsin Sports Hall of Fame. Only one other Wisconsin Boxer has been so honored. Joey was the top contender for the featherweight title in the "twenties", when boxing was at its peak. He fought over one hundred professional bouts all over the country. After he retired from the ring he went back to school and received his Pharmacy Degree in 1931. Frater Sangor practices the Profession in Milwaukee. Joey will be officially installed in the Hall of Fame at a banquet to be held in the Milwaukee Auditorium in early May.

—o—

Comparative Price List Brand—Generic Drugs

At the February meeting of the Associations Executive Committee meeting the Association went on record as opposing the list of comparative prices between generic and brand name drugs sent out by the State Commissioner of The Association objected to a recommendation by the State Health Department to physicians and pharmacists. mended list of drugs that is based primarily on price rather than the best interest of the patient in an effort to dramatize the difference in cost, and that the Association objects to the action of the State Health Department regarding pharmacy services and generic drug lists without consulting the Pharmacy Services Committee or the Medical Assistance Program Advisory Committee.



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Report of Disaster Survival Committee

THURSDAY, OCTOBER 12, 1967

I. The Maryland Professions Training Seminar was held September 27, 28, and 29 at the Holiday Inn in Pikesville. Pharmacists were included among the professions represented, the others being physicians, dentists, nurses, and veterinarians. I am pleased to report that pharmacists were present at all sessions and made what I believe to be a significant contribution.

A. On Thursday morning, Sept. 28, Alexander J. Ogrinz, Jr. presented "The Role of the Pharmacist in Disaster." This was a major address of the seminar. It was well prepared, interesting, informative, and well received by those present. I recommend that this talk by Mr. Ogrinz at today's regional meeting be presented to pharmacists. It should also be considered for publication in "The Maryland Pharmacist" or other suitable medium.

B. Thursday afternoon a two hour workshop was held. The conclusions as developed by those pharmacists present were presented on Friday morning by Dr. Benjamin Allen. These recommendations were as follows:

1. Medical Self Help films should be shown at pharmaceutical meetings.

2. Lists of shelter locations should be updated for distribution to the public.

3. Pharmacists should be encouraged to visit shelters near them.

4. Pharmacists should be advised of medical supplies in shelter medical kits.

5. "Maintenance Drugs" should be discussed with medical society

with the idea of encouraging patients to keep a two-week backup supply of medication.

6. Lists of supplies in CASUALTY CLEARING STATIONS should be distributed to pharmacists.

7. Also to be distributed to pharmacist: **Health Resources Plan**, informing of procedures to be used in disaster distribution of drugs—The Post Attack Consumer Rationing Program in particular.

8. An attempt should be made to interest the students in the School of Pharmacy, University of Maryland in the above mentioned objectives.

I recommend that Dr. Allen's report be included in a publication for immediate distribution to pharmacists. I also suggest that the above recommendations be incorporated among the aims of our organization.

II. Some additional suggestions by committee and myself:

- A. Distribution of pamphlet F-13: Pharmacy Section of the Packaged Disaster Hospital, which includes in appendix: Laws regarding "Acquisition of Narcotics during Civil Defense Emergencies," and "Narcotic analgesic equivalents of Morphine Sulfate for civil defense planning purposes."

- B. The showing of training films before B.M.P.A. meetings.

- C. The acquisition of a top-level, interesting speaker for Swain Seminar.

JEROME BLOCK
Chairman

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Health Department Briefs

State Board of Health and Mental Hygiene

Members of the State Board of Health and Mental Hygiene are appointed by the Governor, with the advice and consent of the Senate, for terms of six years. The law stipulates that the Board must consist of eleven members: five experienced physicians, two of whom are qualified and experienced psychiatrists. Of the remaining members, one must be a dentist, and the other members must be qualified in one of the following fields: hospital administration, public administration, nursing, **pharmacy**, radiation control, and sanitary engineering.

Statistics and Records

Original certificates of births, deaths, and marriages which occur in the State are maintained by the Health Department. Certified copies of these certificates are issued for a nominal fee upon request of properly authorized persons with a direct need. Reports of divorces also are maintained, although the original records are filed with the clerks of the courts.

Population estimates, information about births and deaths, and the prevalence of disease are used in evaluating the effectiveness of health programs and in planning for preventive measures and needed services.

Laboratory Services

A central laboratory with four divisions — Microbiology; Virology, Rh, Cancer Cytology, Training, and Control; Environmental Chemistry; and Biochemistry—is maintained by the Health Department. In addition, there are nine regional laboratories. The tests performed aid physicians in diagnosing certain diseases and help environmental hygienists in evaluating foods, water and other environmental factors. The Health Department is responsible for

seeing that clinical laboratories meet the state regulations.

Public Health Workers

Nearly four thousand people in Maryland are employed in State and local health departments and State tuberculosis and chronic disease-rehabilitation hospitals. To indicate the diversity of skills required, a random selection of career classifications includes physicians, nurses, dentists, social workers, veterinarians, speech and hearing consultants, physical and occupational therapists, laboratory scientists and technicians, nutritionists, radiation specialists, sanitary engineers, health educators, librarians, mechanics, secretaries, public health investigators, homemakers, day care coordinators, drug inspectors, accountants, public information specialists, personnel and training directors, keypunch operators and clerical personnel.

The Health Department works in close cooperation with practicing physicians, hospital personnel, nonofficial health organizations, Federal agencies, and other State departments. Many civic leaders, volunteers, and community groups aid the Department.

Medical Care and Hospitals

For many years the Health Department has provided medical care for indigent and medically indigent patients through the services of private physicians, pharmacists, dentists, and hospitals.

The Health Department has been designated by the Governor as the single State agency responsible for administration of "Title XIX," the section of the New Medicare legislation which deals with Federal grants to states for medical assistance programs for the needy and medically needy.

Also, the State Health Department has been named as the single State agency to work with the Social Securi-

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ty Administration on certification of providers of service under the hospital insurance program for those over 65 years of age (Title XVIII"). Such providers include general hospitals, extended care facilities (convalescent homes), independent laboratories, and home health agencies.

Drug Control

Drug inspectors visit pharmacies, drug manufacturing and distributing firms, industrial plants, nursing homes, hospitals, and auction houses. They collect samples to test for possible adulteration and misbranding of drugs, check prescription files to ascertain whether certain drugs are being dispensed properly and with authorization, and review the purchase, stocks, and the frequency with which narcotics are prescribed.

Maryland Pharmaceutical Association Hospital-Medical Expense Plan

"My basic hospitalization plan paid most of the expense for the first 30 days but then it ran out—just when the bills were really getting big.

"Why didn't I get a plan that adds protection for long serious hospital stays as well as the average short term stays?"

If this man were a pharmacist, he could have found his answer in the Association's Hospital-Medical Expense Plan. And so can you! Take advantage of your opportunity to look at a plan that helps solve the problems of abnormal hospital expense and offers peace of mind instead of worry.

Call the Enrollment Office today—837-7561. Ask for Mr. Shumaker or Mr. Leatherman your enrollment representatives.

MEDICARE

Pharmacy Services under Title XVIII

Pharmacies in Maryland can participate in the Medical Insurance provisions of "Medicare" by providing, on the order of a physician, medical supplies and braces and the rental of medical equipment for use in the home. Examples: rental of wheelchairs, hospital beds, oxygen tents, etc. Saleable items: surgical dressings, splints, casts, braces (including replacements).

Prescription drugs are **not** covered.

Medical Insurance under Social Security pays for 80% of the **reasonable** charges except for the first \$50 each calendar year ("the \$50 deductible"). Pharmacists can be reimbursed by one of these methods:

1. Payment by the beneficiary (patient) directly to the pharmacist.
 - (a) The patient completes Part I of Form SSA-1490 ("Request for Payment").
 - (b) The pharmacist furnishes an itemized receipted bill or completes Part II of form.
2. Patient may assign his medical insurance benefit to the pharmacist, if the pharmacist agrees. The pharmacist must accept the reasonable charge as his full charge. The patient is still responsible for the \$50 deductible and 20% of the remainder.

Medical Insurance claims in Maryland will be handled by a special office of Blue Cross-Blue Shield:

Medicare
Maryland Medical Service, Inc.
Box 202
Baltimore, Maryland 21203

Maryland Veterinary Association

The A.P.H.A. has requested that state associations set up liaison committees with State Veterinary Medical Associations and our Professional Relations Committee will follow through on this

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Regional Office

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Washington, D.C. 20015
Telephone (202) 657-4320

The Narcotic Prescription*

A prescription for narcotic drugs shall be dated as of and signed on the date when issued, not postdated, predated nor the date left blank, and shall bear the full name and address of the patient and the name, address and registry number of the practitioner. A physician may sign prescriptions in the same manner as he would sign checks or legal documents.

Prescriptions should be written in ink or indellible pencil or typewritten; if typewritten, they should be signed by the practitioner in ink or indelible pencil. The refilling of a prescription for taxable narcotic drugs is prohibited. There is no prohibition in the Federal narcotic law or regulations against the re-filling of a prescription for an exempt narcotic preparation. However, in many cases, the facts may warrant the pharmacist checking with the prescribing practitioner before re-filling a prescription for exempt narcotics. The responsibility for properly preparing a prescription is fixed by law on the physician who issues it, and a corresponding responsibility rests on the pharmacist who fills it.

Narcotic prescriptions must be kept by the pharmacist in a separate file for not less than two years, readily accessible for inspection by an investigating officer. Affixed to the prescription a label showing the pharmacy name, registry number, and the serial number of the prescription, the name, address, and registry number of the practitioner issuing the prescription.

* *Federal Narcotic Regulations.*

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Presidential Advisory Committee

The Association now has a Presidential Advisory Committee of all past presidents for guidance for the president and secretary.

Narcotic Bureau — B.D.A.C. To Justice Department

The Narcotic Bureau, now a part of the Treasury Department and the Bureau of Drug Abuse Control unit of the Food and Drug Administration has been transferred to the jurisdiction of the Department of Justice, President Johnson announced recently in disclosing the President's War on Crime Program.

LSD trafficking penalties would be increased, giving it a status of a five year felony instead of a misdemeanor, and punish for the first time the possession of LSD and other hallucinogens for strictly personal use. The expansion of community treatment centers for drug addicts will be sought.

Medical Assistance Prescriptions

Review and double check medical assistance prescriptions before sending them into the State Department of Health in Baltimore. Scan them to see that all pertinent information is filled in and properly signed. Be sure that the participant's case number is filled in and that eligibility period is current. Ask that the identification card be presented for verification every time a new prescription or a refill is requested.

The Health Department asks that prescriptions be sent in at least weekly and more often if you have a substantial volume.

County Health Departments Liaison

Liaison with County health departments in conjunction with physicians, dentists, nurses and other health professionals should be encouraged, Morris Yaffee, chairman of the Maryland Pharmaceutical Association executive committee recently noted.

Mr. Yaffe recommended that members of the M.P.A. executive committee from the counties follow up on this.

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CONTEMPORARY GREETING CARDS

U.S. Adopted Names

The American Medical Association has republished as a cumulative list all nonproprietary drug names previously published in the New Names column of the Journal of the AMA during the past six years in the February 26, 1968 issue.

The more than 700 names appear in a special issue of the Journal.

Nonproprietary names provide a unique and relatively simple way of identifying drugs. They are more convenient than long, unwieldy chemical names; they are more meaningful than code designations, and they are in the public domain, thus enabling manufacturers to protect their trademark rights.

Nonproprietary names are especially useful when a drug is available from more than one source. They are recommended for use in professional journals, and are required as titles of monographs in compendia of drug information. Federal law requires the use of "established" nonproprietary names in advertising and labeling.

The American Medical Association is one of three organizations sponsoring the group which approves the names, the U.S. Adopted Names (USAN) Council, the others are the American Pharmaceutical Association and the United States Pharmacopeial Convention, Inc. The council was organized in January 1964, and was preceded by A.M.A.—U.S.P. Nomenclature Committee.

The USAN program is the only organized effort in the United States directed to producing simple and useful nonproprietary names for drugs. The Council remains a privately conducted effort dedicated to serving the public welfare.

Selecting a drug's nonproprietary name is a careful procedure with several practical criteria. First, the name should be useful to health practitioners, especially physicians, dentists, veterinarians, pharmacists, and nurses. The principal consideration is suitability, in-

cluding safety, for the routines of ordering, dispensing, and administering drugs.

Second, the name must be suitable for educational programs—it should be short, easily pronounced, and easily recognized and remembered.

Third, a nonproprietary name should reflect pharmacologic, chemical, or other characteristics and relationships or practical value to the users.

A nonproprietary name should not conflict with other drug names or trademarks, nor should it be confusing or misleading.

The Council has established rules and guidelines for selecting names which conform to these standards.


For the most part, U.S. nonproprietary drug names are identical with those approved by the British Pharmacopeia Commission and the World Health Organization. There is close cooperation between the USAN Council and other organizations working in this area.

The USAN list appearing in the Journal of the AMA presents the latest available information on the drug, such as chemical name, structural formula, molecular formula, source (for antibiotics of natural origin), claimed therapeutic category, manufacturers, trademarks, and drug code numbers, when applicable. Four appendixes include additional information.

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Pharmacy Recruitment

Pharmacy recruitment starts at home. Slightly more than 19% of the students polled by Drug Topics in a recent survey were in some way related to practitioners. The drug store in the past has been the spawning ground of the coming generation. Let's make it so again! There are many blessings that come with pharmacy. Among these are professional stature, above average earnings, the humanitarian aspects of being part of the health scene and the service opportunities of dealing with people.



Dear Sirs:
This item has not been
selling with me.
Kindly credit my account.

Actually, it's over 80 years since that bottle of pills was "selling with" anyone. Our pharmacist friend was having fun, and we enjoyed it. But we also remembered something more serious . . . Our claim that Upjohn's return goods policy is one of the most liberal in the industry. To us that's a matter of trust, even after 80 years.

We've worked hard to earn people's trust in Upjohn policies as well as in Upjohn products. So we couldn't overlook this opportunity to prove our claim, and promptly credited our friend's account, wouldn't you?

Upjohn

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Ownership Management and Industrial Retailing

JAMES E. ALLEN, President
The Henry B. Gilpin Company

One of the most common, persistent, and perfectly natural human instincts is self-preservation. The rose has its thorn . . . the turtle its shell . . . and the human being his expertness—his area of specialization—that with which he is familiar and within which he feels secure. One of the most honored professions is pharmacy. The pharmacist as a specialist is needed and wanted by the public. As wholesale druggists, we go about managing our business with the incentives of the free enterprise system. We know that our success depends upon our effectiveness in serving the needs of our customers. And who are our customers? You know. Our customers are specialists. They are specialists in the practice of pharmacy. They are specialists in the knowledge of drugs.

Now, what do specialists do? Well, for one thing, they seek out other specialists. They develop their own vocabulary, their techniques . . . and combine in protective societies. Now, in running our business we employ specialists . . . accountants, pharmacists, analysts, salesmen, merchandisers, lawyers, engineers, secretaries, and others who are specialists because of their training, their experience, and their personal objectives. If we permit our specialists to influence our procedure in such a way that we end up with a functional organization, then we know this will restrict our business and corporate growth because that system isolates specialists . . . it compartmentalizes professions . . . it caters to the human desire for self-preservation . . . it works against the good of our business as a whole.

Exercise Control

We have to be everlastingly exercising strong central control to integrate the

parts that are being constantly separated by human nature. And the very act of counteracting this insulation and departmentalization of the parts is what we call management. Supposedly the manager is not a specialist. If he has a specialty, it is to coordinate the specialists. It is his job to constantly tug against human nature. One of the required skills of a general manager is the ability to integrate the viewpoints of people and functions. Constantly he must motivate this specialist to be a specialist for the organization, rather than just for the sake of his own specialty.

In all honesty, I believe I am here today because this audience is made up of my customers, or potential customers, or people here who may have some influence over the customers my firm wishes to serve. As service wholesale druggists, we have a vested interest in the growth and success of retail pharmacy . . . primarily pharmacies that are owned and operated by pharmacists. Sure, we serve all drugstores . . . all sizes, all types of ownership . . . but our growth, as we are constituted today, is dependent upon the growth of the independent retail pharmacist. And you can be sure we are doing everything we consider wise that will contribute to the pharmacist's well-being.

Interpreting Needs

One of our merchandising philosophies in our company is that . . . we sell through, not to, retail pharmacists. But, of course, this means that we try to interpret our customers' needs through the eyes of the consuming public, because we know our customers' success depends on how well he serves his customers. We know our customer is a specialist . . . a pharmacist . . . and we

know too that management and consistent aggressive promotion of products are the prime requisites for increased sales and profits in drugstores.

Big corporate industrial retailers are specializing in these functions, with the result that they are distributing an increasingly larger share of health products, including drugs and pharmaceuticals, to the consuming public throughout the United States. The comparative strength of the industrial retailer who competes with the independent pharmacists is largely measured by the industrial retailer's specialization in management as they compete with a health professional who is specializing in the care of the sick. The industrial retailer usually has a triple-A rating, making him eligible for a lease in a big new shopping center. He has advertising, a personnel training program, systematic accounting, he operates with a budget, and he manages by exception.

As wholesale druggists, we are concerned about how our independent pharmacists can compete with all that. Well, for one thing, we suggest that we give up a little bit of our independence as wholesalers, and we invite the independent pharmacist to give up a little bit of his independence . . . and let's combine our resources and see what we have. Well, the biggest strength we have is ownership-management, which is capable of producing more sales per square foot in any drugstore than absentee management ever can. In our own plan we have worked out a plan that is financially sound to provide independent pharmacists with the support of a triple-A rating so they can compete with the very largest corporations in the country for a new location which requires a triple-A rated lease holder. Next we have established a highly productive traffic building advertising program, which is available to retail pharmacists for consistent advertising and promotion. Every independent pharmacist has available basic elementary procedures for personnel training

and supervision. Every independent pharmacist has available good accountants for consistent record keeping and budgetary planning. In our own firm, we maintain a financial and accounting specialist in each of our wholesale drug houses who is equipped to work directly with any of our pharmacist-customers to review their budgets with them, to act as a sounding board, and to offer specific and potent suggestions for balancing a budget and achieving an economic goal. Most progressive service wholesale druggists throughout the United States have more service of this nature available to their customers than their customers use.

Distribution Team

Historically, the wholesaler and the independent retailer have been the strongest team for distributing the large majority of drugstore products to the consumer. Modern industrial retailing and modern management methods represent a strong competitive force, and it is up to wholesalers and retailers to join together and make full use of their unified resources.

"Build a better mouse trap and the world will beat a path to your door" . . . is a well known saying, but certainly not a true one. Often better mouse traps have been met with indifference and skepticism. It requires effective merchandising to overcome consumer resistance to new products. Without mass consumption, our mass production and mass distribution system breaks down. Without the stimulation of the wholesaler and retailer resourcefulness and ingenuity, our standard of living would most certainly decline. The independent retail pharmacy serves the community in many, many ways. He is a center of civic pride . . . he fills a social need . . . he provides civic leadership . . . and he is the purchasing agent for drugs and health care products for the public. The production and distribution of goods is a public service of the first importance. profit is necessary to sustain the process.

In principle, there is no reason why professional ideals and standards should not be demanded of, and practiced by, a business.

Drug Store Survey

The A. C. Nielsen Company has just completed a comprehensive study of drugstores in 49 Nielsen districts throughout the country. Their objective was to find out what makes one drugstore do well and another drugstore fail. They reported the specific results and stated that good management is the leading factor in producing an aggressive store rather than a declining one. And what is the prescription for that? I think it is this:

Good management	35 parts
Consistent promotion of professional service and health care products	30 parts
Well trained personnel	15 parts
Efficient buying	10 parts
Attractive and professional store appearance	10 parts

This formula will yield skilled, knowledgeable personnel and adequate merchandise selection for a good healthy store. The Nielsen report indicated that this type operation had a 22% faster growth rate than the poorer one, and that sales volume was more than twice as great. The well managed stores had twice as many employees and half again as much selling area. The successful stores had adequate parking facilities, and they were much more readily available to the public. But another thing about the successful stores reported in the Nielsen survey is that they had 50% more competing stores in the area. This survey overruled the possibility that external conditions beyond the control of the pharmacist were responsible primarily for the difference in sales trends. Although we all know that these outside problem trends are a deterring factor, particularly when we recognize that nearly 80% of the drug business is done in drugstores in shopping centers and that in some areas, particularly our area,

a pharmacist must have a triple-A rating to get the choice locations in these new centers. And usually these new drugstores are so large that the financial investment is tremendous.

Turnkey Package

That is why in our own company we have developed a "Turnkey Package" which furnishes a service to cover every basic need of an independent pharmacist to go into business, no matter what size store it is . . . whether it is a 500 square foot store in a medical building for the development of an APhA-Gilpin Pharmaceutical Center with appropriate decor, computerized inventory, and financing . . . or a 15,000 square foot super store, with many departments and commodity lines for promotion and management.

As wholesale druggists, this is only half of our problem. The other half is our problem in locating pharmacists who are qualified managers and who are aggressively interested in developing, owning, and operating their own store. This seems to apply particularly to the young graduate pharmacist, and we have noted that the new 5-year and 6-year courses in pharmacy are producing young men and women who learn faster and are eminently qualified to serve the community needs and achieve economic success if they have the desire. We recognize that the gifted pharmacy graduate wants to find fulfillment in his work. He possesses the human drive for self preservation, and because of his specialty as a pharmacist, he seems to desire to isolate his role and avoid competition which seems to stimulate more fear than challenge.

Center of Civic Pride

As I said, the pharmacy is the center of civic pride. Selling is one of our most valuable professions too. It probably has more to do with our high standard of living than any other profession in the country. Persuading people to use better products and better methods is a very rewarding activity. Almost every improvement in retailing comes from

attempts to stimulate sales by providing better customer service and better customer satisfaction . . . selling what the customer needs and wants, not what we want to sell him. "The customer is always right" . . . is a mighty good slogan to work by . . . far better than the old 19th century slogan . . . "buyer beware."

New pharmacy graduates are better qualified than ever and we would like to encourage them not to feel resigned to isolation as a corporate employee, but seek to own their own facility for practice. As wholesale druggists, we are in the business of providing sound service, dependable help, and leadership . . . which is of material aid to any registered pharmacist who seeks to own his own pharmacy or seeks to improve his methods and facilities for progressive growth in the store he already has. Let's avoid taking our service wholesale druggist for granted, and, as service wholesalers, let us never take our pharmacist-customers for granted. Let us use our specialization as specialists wisely for our combined interests for the economical and profitable distribution of drugs and home health care products . . . make full use of our heavy duty wholesale facilities, with time and place supply, and our many management and merchandising services which are readily available for productive use by pharmacists who own and manage their own pharmacies.

Opportunity Calls

The independent pharmacist is secure so long as his service wholesale druggist is secure . . . and certainly the service wholesale druggist is secure only so long as the retail pharmacy is secure. Our opportunity has never been so great. We have more and better products . . . we have a strong economy and a rapidly growing population. We have the basic ingredients we need as wholesalers and retailers to perform a worthy service and to achieve personal fulfillment and economic success. And I say, let's do it together and let's enjoy it.

— o —

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Veterinary and Pet Supplies

Let your customers know that your pharmacy is headquarters for veterinary and pet supplies. People are interested in the health and welfare of their pets.

Tell your customers more about your services—the ones they take for granted, or the ones they don't know about.

— o —

CANCER'S SEVEN DANGER SIGNALS:

Unusual bleeding or discharge.

A lump or thickening in the breast or elsewhere.

A sore that does not heal.

Change in bowel or bladder habits.

Hoarseness or cough.

Indigestion or difficulty in swallowing.

Change in a wart or mole.

Cancer Society Education leaflet for your Health Information Center rack available through your Association.

Special Notice— Dues Payment

If you have not yet paid your dues for 1968, please do so. Payment will enable your Association office to direct energies, time and expense to work on *your* behalf. Save *your* Association, its officers, volunteer member workers, as well as the staff, the necessity for further attention to dues for 1968. Let's all concentrate on *programs for pharmacy*.

It's easy to take care of this professional responsibility by sending in your check. Thanks for your cooperation.

—O—

Filling Time for Narcotic Prescriptions

No official restriction limits the time between writing and filling of a narcotic prescription. However since narcotics are usually prescribed in the presence of pain, it would be good pharmaceutical practice for the pharmacist to inquire into the reason for the delay in presenting the prescription.

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Understanding Medical Terminology

UNDERSTANDING MEDICAL TERMINOLOGY, a most useful reference book for your pharmacy library is now in the third edition, reprinted with changes. Sister Mary Agnes Clare Freney, S.S.M., R.N., M.S. in Nr.Ed., Associate Professor, Department of Nursing, St. Louis, Mo. is the author.

Medical terminology is the professional language of those who directly or indirectly are engaged in the art of healing. By assimilating a working knowledge of the elements of medical terms, one is enabled to analyze words etymologically and according to their meaning.

The book is published by the Catholic Hospital Association, St. Louis, Mo. 63104.

Pharmacy Committee on Public Health Service Medicare Traineeship Program

A committee to develop a "Model Training Program for Pharmacists" has been formed by nine organizations including the A. Ph.A. and the NARD to assist pharmacists interested in providing small hospitals, extended care facilities and nursing homes with pharmacy services under Medicare.

Dr. William S. Apple, executive director of the A.Ph.A. was chosen chairman. Among the subcommittee members is Dr. Francis S. Ballasone, Secretary of the Maryland Board of Pharmacy.

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Please Don't Eat The Buttercups

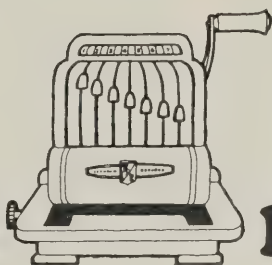
Please don't eat the buttercups, or the iris or the rhododendron. And don't munch on the mistletoe berries either.

This is part of the information Wyeth Laboratories is passing out to physicians and pharmacists in a booklet called the *Sinister Garden*. The booklet contains drawings of 56 plants found in flower or vegetable gardens, in fields or as ornamental plants in the home. The toxic part of each plant is listed with the symptoms that may occur when the toxic parts are ingested. The book is part of Wyeth's support on Poison Prevention efforts.

—O—

Teague Bill HR 7386

The Veteran's Administration under the Teague Bill HR 7386 will permit veterans the free choice of pharmaceutical services. Veterans will be able to have their drug needs taken care of in their home town pharmacies instead of mailing prescriptions to VA centers. Urge your Congressman to help the enactment of the Teague Bill, HR 7386.



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College Park Airport

The General Assembly of Maryland in the Senate of Maryland Joint Resolution No. 74 has commended the City of College Park for its attempts to preserve the College Park Airport, and the General Assembly of Maryland does request the cooperation of all interested persons in the State in this effort to preserve the College Park Airport, and further that those appropriate agencies of the State are requested to assist where possible in this preservation effort.

Many historical firsts were accomplished at this airport, including, but not limited to the following:

1907 Earliest Aeronautical Experiments.

1909 First Military Aviation Training Field in the World.

1910-1916 Location of early flights of many aviation pioneers: Smith; Christmas; Janus; Beachy; Arnold; Milling; Lahm; Orme; Fox; et al.

1911-1912 Pioneer experiments with bombs and machine guns.

1912 Hap Arnold set altitude record.

1918 Washington Terminus of first regular airmail run.

1920-1924 Site of early helicopter experiments by Emile and Henry Berliner—father and son.

WORDS OF ONE SYLLABLE

The following several paragraphs, entitled, "Words of One Syllable" appeared in Printers Ink.

"When you come right down to it, there is no law that says you have to use big words when you write or talk.

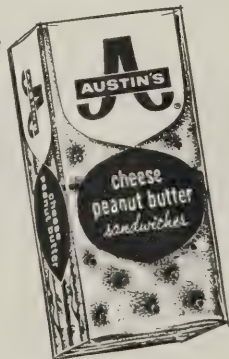
"There are lots of small words, and good ones, that can be made to say all the things you want to say, quite as well as the big ones. It may take a bit more time to find them at first. But it can be well worth it, for all of us know what they mean. Some small words, more than you might think, are rich with just the right feel, the right taste, as if made to help you say a thing the way it should be said.

"Small words can be crisp, brief, terse-go to the point like a knife. They have a charm all of their own. They dance, twist, turn, sing. Like sparks in the night they light the way for the eyes of those who read. They are the grace notes of prose. You know what they say the way you know a day is bright and fair—at first sight. And you find, as you read, that you like the way they say it. Small words are gay. And they can catch large thoughts and hold them up for all to see, like rare stones in rings of gold, or joy in the eyes of a child. Some make you feel, as well as see, the cold deep dark of night, the hot salt sting of tears.

fast turnover!

fast profit!

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the best*



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AUSTIN'S

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SNACK VARIETIES

"Small words move with ease where big words stand still—or worse, bog down and get in the way of what they want to say. There is not much, in all truth, that small words will not say—and say quite well."

So in our daily communications with each other, to and from governmental agencies, let us endeavor to use words of simplicity and clarity.

WHEN WAS THE LAST TIME
THAT YOU VISITED YOUR
UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY?

The Numbers Game

What's in a number? Time, trouble and money. For instance, if the wrong Social Security number is entered in the various governmental reports, the results are time consuming, troublesome, money wasting correspondence for all concerned: employer, employee and agencies. The only way to be sure of Social Security numbers is to insist that all new workers show their cards at the time of employment. Also it would be well to review the numbers of your present employees. It is advisable before mailing reports to double check all numbers.



YOUR HEALTH CARE IMAGE

The Dreamer

by Melvin J. Sollod

I had a dream. I was in a large hall, a large convention hall. I was seated at a table with a strange man. Suddenly down the aisle came marching a tremendous group of pharmacists. It seemed to be a huge convention. I could see banners. There was the A.Ph.A., over there was the NARD. Say there is the Maryland Pharmaceutical Association and along with them our association, the Prince Georges-Montgomery Pharmaceutical Association!

The stranger asked "are you a pharmacist?" Yeah, I answered. "How come you do not join them" he said. "I do not need them. I can manage on my own," I lied. I knew I lied like I lied to myself when I asked myself the same question. IT WAS INERTIA. I couldn't get off my seat. How can you tell a stranger it's inertia. I felt like I could not move. I did not want to admit it to myself. There they were working for me and I cannot move. INERTIA. I can see my friends and pharmacists I admire looking to me but I cannot rise. INERTIA. I must try, I said to myself and forced myself to stand up and I awoke.

Editor's Note: reprinted from the Bi-County Pharmacist, January 1968. Mr. Sollod is the chairman of the Executive Committee of the Prince Georges-Montgomery County Pharmaceutical Association and a member of the Executive Committee of the Maryland Pharmaceutical Association.

Work Permits

Work permits for youngsters may now be obtained through their school principals. For your protection, under the rules of the Workman's Compensation Act, have the work permits on hand before employment starts.

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OBITUARIES

Alex Weiner

Alex Weiner, 43, pharmacist, member of the Maryland Pharmaceutical Association and The Baltimore Metropolitan Pharmaceutical Association, died on February 12, 1968 after a brief illness.

Mr. Weiner was chief pharmacist at the Lykos Pharmacy, York and Timonium Roads, Timonium, Maryland.

A 1947 graduate of the University of Maryland, School of Pharmacy, Mr. Weiner, while in school, served as president of the local chapter of Rho Chi, national honorary pharmaceutical society. Upon graduation he was named recipient of the William Simon Memorial Prize in recognition of excellence in Chemistry. He was a member of Phi Alpha, Pharmaceutical Fraternity and the Alumni Association of the University of Maryland, School of Pharmacy.

During World War II Mr. Weiner served with the Army in Europe and was awarded the purple heart.

Survivors include his wife, Mrs. Barbara Nathanson Weiner; two daughters, Miss Cindy Weiner and Miss Andrea Weiner; a son, Robert Weiner; his mother, Mrs. Sarah Weiner; two sisters, Mrs. Evelyn Levy and Mrs. Miriam Kahn, and two brothers, William Weiner and Leon Weiner.

Egbert L. Quinn

Egbert L. Quinn, 83, Chairman of the State Board of Motion Picture Censors, died on February 9, 1968.

Mr. Quinn had a varied active career during his lifetime, served as an Registered Assistant Pharmacist during his early days. He was a member of the state legislature from 1957 to 1966.

Mr. Quinn is survived by a son, E. Lyle Quinn, Jr., postmaster in Crisfield; a daughter, Emily Eachus, of Ward, Pa.; a brother, Wallace M. Quinn, of New Orleans; four grandchildren and six great-grandchildren.



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HER HAIR

**Make your store
her headquarters for
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a 223 million dollar
annual market!**

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THE *M*ARYLAND PHARMACIST



A Salute to the 1968 Graduates
University of Maryland
School of Pharmacy

See page 372

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86TH ANNUAL CONVENTION

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JULY 8, 9, 10, 11, 1968

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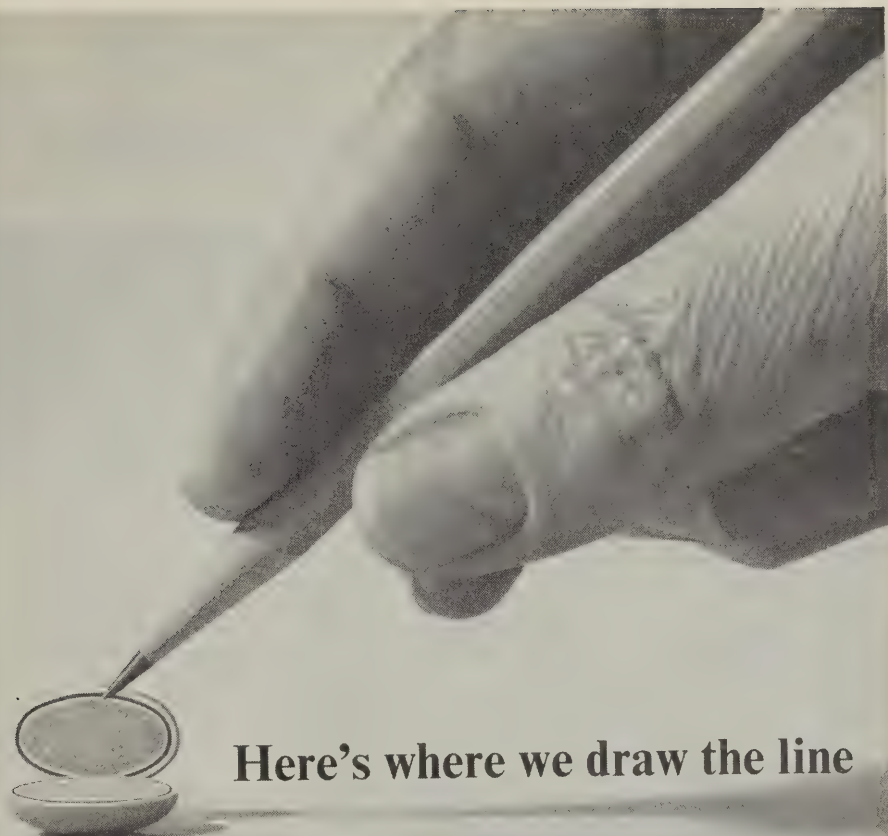
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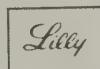
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Oklahoma Pharmacist John E. Rost wins NARD-Lederle award



John E. Rost, Warr Acres, Oklahoma, who received the award.

John E. Rost, owner of Rost Drugs, Warr Acres, Oklahoma, is the winner of the first National Interprofessional Service Award co-sponsored by the National Association of Retail Druggists and Lederle Laboratories. He was selected by a panel of physicians and pharmacists "in recognition of his contributions toward the advancement of interprofessional relations between medicine and pharmacy."

Mr. Rost was presented with the plaque (pictured above) at the 69th annual convention of the NARD in Houston, Texas, on October 31, 1967. He also received a \$1,000 scholarship grant in his name which he will turn over to the University of Oklahoma College of Pharmacy. A review of Mr. Rost's winning achievements may be obtained by writing to Maxwell James, Trade Relations Manager, Lederle Laboratories, Pearl River, New York 10965.

For the 1968 award, nominations must first be made to state pharmacy associations, each of which will select one person to represent the state. The purpose of the award is to focus public attention on a retail pharmacist who has contributed notably toward the improvement of professional relations between medicine and pharmacy. In addition to the plaque and scholarship grant, the winner will receive \$500 to attend the annual NARD meeting where he will receive his award. Deadline for state selections is August 15. Further information may be obtained from NARD-LEDERLE AWARD, c/o National Association of Retail Druggists, One East Wacker Drive, Room 2230, Chicago, Illinois 60601.



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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume XLII

MARCH, 1968

No. 6

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Editorial

O.E.O. and Pharmacy-Comprehensive Neighborhood Health Centers

*"Without intervention the poor get sicker
and the sick get poorer."*

H. Jack Geiger, M.D.

Associate Professor of
Preventive Medicine Tufts University

As the Office of Economic Opportunity (OEO) proceeded to address itself to the massive problems of attempting to alleviate poverty, it became apparent that poor health was an integral part of the "poor syndrome." The result was the authorization by the Congress of a "Comprehensive Health Services Program" under community action agencies (CAA).

Plans for these health centers called for comprehensive services, including pharmacy services on an outpatient basis. Organized pharmacy seemed to have entered the picture to a significant degree only after the original centers were authorized and funded with "on-site" pharmacies. When the centers became operational, pharmacy then attempted to have pharmacy services provided through existing community pharmacies by means of a vendor system, but to no avail.

When we learned of the founding of a center in Baltimore sponsored by the Provident Hospital, we immediately proceeded to seek participation so that a vendor system for pharmacy service could be included along with a limited on-site pharmacy for in-house and emergency needs.

The Baltimore municipal administration and the City Council which must approve the center has backed the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association in its efforts to provide services through community pharmacies with an evaluation to be made after six months.

After numerous conferences and meetings with OEO, CAA, Provident Hospital Center, and city officials, both in Baltimore and Washington, a compromise agreement has been reached by all these parties including representatives of the residents of the target area, target area pharmacists and the Maryland Pharmaceutical Association.

The agreement has the best features of true compromise as it includes elements basic to the primary positions taken by all parties with enough give and take to make the proposal acceptable to all. There was evidenced good faith and good will by all involved.

In essence, the agreement calls for (1) no pharmacy in a temporary center with free choice of pharmacy for the 80% of the patients who comprise the Medicaid patients and choice either of one of a pilot group of community pharmacies or the Provident Hospital Pharmacy by the 20% who are not Medicaid. The non-Medicaid patients would be on an OEO vendor system; (2) A full vendor system through community pharmacy is to be developed cooperatively and after six months operation evaluated; (3) The nature of pharmacy services at the permanent center is to be determined after a joint evaluation following the completion of all the above steps.

The full text of the agreement is published elsewhere in this issue.

In effect, this is a landmark agreement, for it is the first time that OEO-Washington has actually signed a plan for a vendor system to be paid by OEO funds.

The negotiations so far have already resulted in heightened awareness of the need for improvement in many aspects of professional services on the part of some community and hospital pharmacies.

It is possible that regardless of the final outcome of this particular project, new and more effective pharmaceutical services will be developed which will accrue to the benefit of patients and the profession.

Now more than ever this is the time for all pharmacists to give attention to innovative and imaginative thinking as to how the profession of pharmacy can contribute to the realization of delivering high quality health care to all citizens.

Convention Resolution Announcement

Resolutions will be accepted for consideration by the Resolutions Committee of the Maryland Pharmaceutical Association. They should be sent in by June 10, thirty days prior to the Annual Convention to be held in Atlantic City, N.J., July 8-11, 1968.

Resolutions may be submitted by an association or by an individual member, in writing and preferably in the following format:

Proposed Resolution submitted by.....

Subject:

Explanation: (if any)

Send proposed resolutions to:

Samuel Wertheimer, Chairman
MPA Resolutions Committee
650 West Lombard Street
Baltimore, Maryland 21201

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SNACK VARIETIES

President's Message

Dear Fellow Member:

The Eighth Annual Robert L. Swain Pharmacy Seminar was held in the University of Maryland Health Science Library Auditorium on Thursday, March 21, 1968. There was a near-capacity house in attendance. This is certainly a great tribute to the late Dr. Swain, for whom the Seminar is named.

The program was outstanding. Chairman Paul Freiman is to be complimented and the members of his committee can feel a real sense of pride for this accomplishment.

The Swain Seminar is held each year with a twofold purpose in mind. First, to recognize the many years of dedicated and progressive service rendered the profession of Pharmacy by this fine man, who became internationally known in Pharmacy circles. Second, the Maryland Pharmaceutical Association co-sponsors this Seminar with the School of Pharmacy as part of its responsibility in providing continuing educational opportunities for the profession of Pharmacy in this State. Much newer knowledge is presented and the participants enjoy a unique opportunity to be brought up to date on many aspects of our profession.

This year's morning program was devoted to "Cardiovascular Drugs" and the participants were from the Faculties of the Schools of Pharmacy, Medicine and Dentistry. The subject matter was well presented, and much appreciated by those in attendance. The afternoon program devoted itself to the subject, "The Role and Responsibility of the Pharmacist in Dispensing OTC Drugs." Three experts in the field conducted interesting seminars. There was a discussion period after each session.

For those unable to attend, this issue of THE MARYLAND PHARMACIST is dedicated as the Swain Memorial Issue and includes a review of the various seminars which were presented. It would be well worth your time to read these carefully.

We cannot over-emphasize the importance of these and other similar seminars which our Association sponsors. This is the easiest, the most economical and the best way to acquire up-to-date information for the practicing Pharmacist. If you did not attend this one, you have lost a fine opportunity for personal advancement. Make sure that you attend all future Seminars, as well as the various continuing education programs which are now being planned.

I want to give public thanks to Dr. Noel E. Foss, Dr. John I. White, Dr. Robert E. Singleton, Dr. Ralph F. Shangraw, Dr. David A. Blake, Mr. George B. Griffenhagen, Dr. E. Seydel and Dr. Peter P. Lamy for their participation and for making this program the success which it was.

MILTON A. FRIEDMAN,

President

86th Annual Meeting

Maryland Pharmaceutical Association

in association with

T.A.M.P.A. and L.A.M.P.A.

July 8, 9, 10, 11, 1968

Shelburne Hotel

Atlantic City, New Jersey

Combine information, education and
relaxation at the sea shore!

Convention Program
Especially planned for you!

Secretary's Script ...

A Message from the Executive Secretary

MPA Convention—July 8-11

All interested in pharmacy should set their eyes on the 86th Annual Convention at the completely refurbished Hotel Shelburne, Atlantic City, New Jersey, Entertainment for early arrivals Sunday evening, July 7 has been planned.

Programs will feature outstanding nationally known authorities. There will be a panel discussion on the "Pharmacist's Emerging Role in Health Care".

There will be an opportunity to hear about exciting developments on the horizon for pharmacy in community, hospital and governmental fields. The newly appointed Dean of the University of Maryland, School of Pharmacy will be on hand to speak on the coming changes in pharmaceutical education.

Entertainment programs will be provided for all. Special features for the ladies and youngsters.

Plan now to participate in your profession's decisions and future. Mark your calendar—call your friends—and join in as a full partner in pharmacy.

Washington County Pharmaceutical Association

Congratulations and best wishes are due the pharmacists of Washington County who have re-established the Washington County Pharmaceutical Association in Hagerstown. A multiple county group was not found feasible. Perhaps the pharmacists in Frederick County will follow this excellent example.

Several meetings have been held and the benefits of a local group have already been demonstrated.

Union Prescription Plan

The Food and Retail Store Employees Union have announced a prescription prepayment plan and solicited pharm-

acists to participate. As of this writing, the Association has met with the administrator of the plan, but no firm recommendation has been established. It should be pointed out that pharmacists will have little voice in this plan in contrast to the "Paid Prescriptions" Plan of California which should be available in Maryland within a few months. Under the "Paid" Plan, pharmacists are permitted to charge their usual and customary price for all prescriptions.

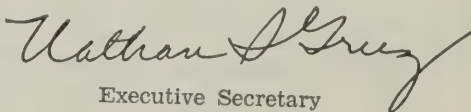
We suggest that any pharmacist who feels compelled to sign up with this union plan should include his opinions about the plan's drawbacks. It would be advisable for those opposed to the plan to also write and explain their views. Point out the military dependents plan for Maryland and the Blue Cross Plan policies.

Membership 1968

In spite of the tremendous efforts by both the state and local pharmaceutical associations in Maryland support is still lagging. Never was it more vital for every pharmacist to remain a member and to get a colleague to join. Organized pharmacy is the only vehicle to obtain action for one's profession. But only wide support will provide a strong vehicle.

With government and giant organizations in labor industry and other professions having tremendous resources at their disposal, pharmacy needs every pharmacist and allied person to join and sustain the ranks.

Sincerely,


Executive Secretary

PUBLIC RELATIONS

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relations activity in

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Examination for Registration as Pharmacist

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacists at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore, Maryland on *Wednesday, Thursday and Friday, June 26, 27 and 28, 1968.*

The examinations will begin at 8:00 a.m. each day.

Applications must be in the hands of the Board by Friday, June 14, 1968. Application forms may be secured from the office of the Secretary, Maryland Board of Pharmacy, 2305 North Charles Street, Baltimore, Maryland 21218.

—O—

Pharmacy Changes

The following are the pharmacy changes which occurred during the month of March:

New Pharmacies

Drug Fair No. 11, 12029 Georgia Ave., Wheaton, Maryland 20902—Milton L. Elsberg, President.

Peoples Service Drug Store No. 147, 7101 Democracy Boulevard, Bethesda, Maryland 20034—G. B. Burrus, President.

Change of Ownership, Address, Etc.

Manheimer Pharmacy, Inc., Raymond Manheimer, President, 2502 Eutaw

Place, Baltimore, Maryland 21217. (Change from individual ownership to corporation)

Northern Pharmacy, Martin and Judith Mintz, 6701 Harford Road, Baltimore, Maryland 21234. (Formerly Oken Northern Pharmacy, Louis and S. Oken Owners)

No Longer Operating As Pharmacies

Kinnamon Pharmacy, Wilner J. Heer, President, 2724 Harford Road, Baltimore, Maryland 21218.

The Read Drug and Chemical Company, Arthur K. Solomon, President, 3405 Clifton Avenue, Baltimore, Maryland 21216.

—O—

Israel—Greece Tour

of

*Alumni Association, University of Md.
School of Pharmacy*

The 2nd annual tour sponsored by the Alumni Association of the University of Maryland School of Pharmacy will be held June 23 to July 7, 1968.

Israel and Greece will be visited. Ten days to explore Israel. The old and the new Tel Aviv, Jerusaem, Haifa, the Upper Galilee, the Negev, Beersheta.

Four days will be spent in Greece visiting Delphi, Pireaus, Acropolis, the Parthenon.

Meetings and visiting with the pharmacists of Israel and Greece is being arranged.

The complete package tour from New York including deluxe hotels with private bath, jet transportation, breakfast, and dinner daily, full program of sightseeing, all transfers between airports and hotels will be \$895 per person, double occupancy.

Mr. Herman Kling, Flom's Pharmacy, 2245 E. Fayette Street, Baltimore, Maryland 21231, telephone 276-9659 may be contacted for further information.

—O—

**ANNUAL
ALUMNI BANQUET
University of Maryland
School of Pharmacy**

Wednesday, June 5, 1968

HOLIDAY INN—DOWNTOWN

THURSDAY, June 6, 1968— Honors Day Convocation, Health
Sciences Library Auditorium

SATURDAY, June 8, 1968— Commencement, University of Mary-
land, College Park, Maryland.

THURSDAY, June 13, 1968— Alumni Reception Honoring Retirement of Russel Carrington
Kelly Memorial Building 2:30 P.M.

The Honored Alumnus

**Award Will Be Presented
To
H. NELSON WARFIELD**

Baltimore Metropolitan Pharmaceutical Association

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BMPA PRESIDENT'S MESSAGE

Pharmacy has been hard at work in Maryland, seeking ways to improve the delivery of pharmaceutical service to the public. We have taken some positive steps in planning for the future.

Riots in the inner city have had a sobering effect on us all. I believe that this points up the frailties of man and the tremendous need for improvement.


We welcome the interest and honest effort of the Mayor and the Governor and their administrations in seeking ways to get our people back in their businesses. But, first, I am sure, we all want reassurance that what occurred early in April will not re-occur. Numerous methods short of shoot to kill are known and available to local state and federal authorities. All appropriate measures must be taken to assure the safety of life and property!

It appears to me that the small businessman has become synonymous with "evil" in some areas. The time is overdue to change this point of view. This can only be done with the cooperation of all responsible leaders working for better conditions for all.

It must be pointed out that, not only are they not evil, but they are responsible contributors to the viable economy of our city, state and nation—and, were they not in existence, we would now have to invent them. The providing of professional services and the movement of merchandise—the buying of goods and selling for a profit—is in itself a noble profession. I shudder to think where this great country would be without its merchants and salesmen. Now is the time for all public officials to realize that . . . These men and women—responsible citizens—must be protected if our country is to continue to progress. We proudly point to our Gross National Product as a barometer of our economic health. What would this be without us?

DONALD O. FEDDER

President, BMPA



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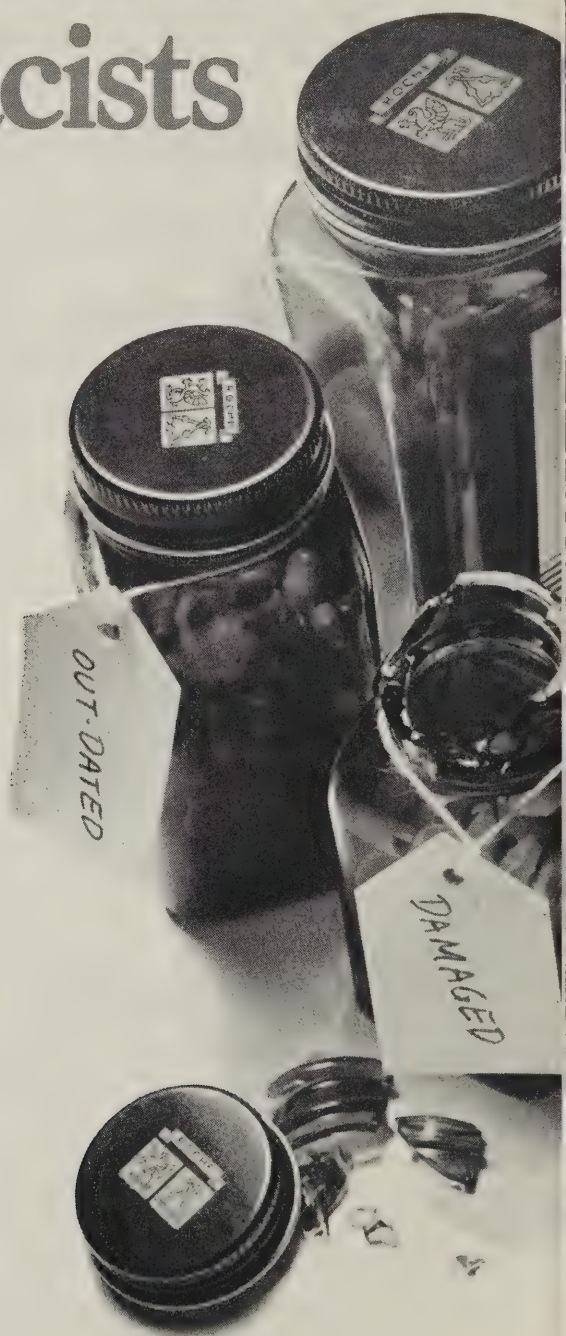
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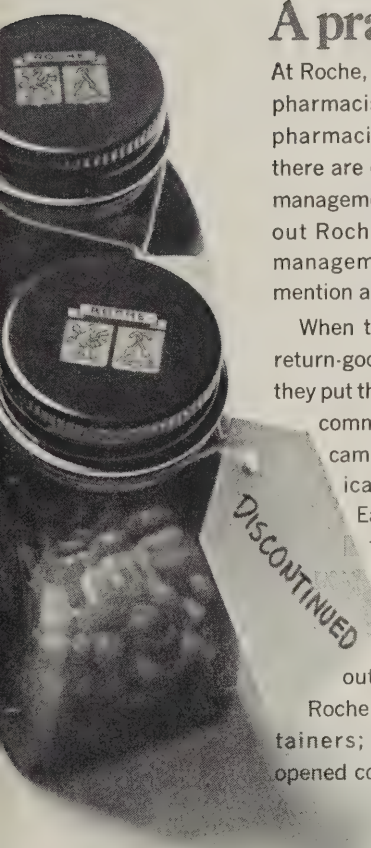
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For further information contact your Roche representative, your wholesaler or write to us.

That's it—straightforward, covers everything, and it's fair.

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Samuel L. Fox, M.D.*

I have previously pointed out that do not believe the Pharmacist will become obsolete, and that I believe he will serve three principal roles in the health community of the future: namely, (a) as a neighborhood pharmacist, (b) as a pharmacist in a hospital or health center, and (c) as a specialist in pharmaceuticals in drug manufacturing establishments.

Obviously, the amount of training necessary to fulfill these various requirements will vary. It seems strange, indeed, that pharmaceutical educators and leaders have not recognized this simple fact. Pushing the basic course to five years (and now it proposed to go to six years) is in direct opposition to the efforts being made by every other major discipline to shorten the time necessary to complete the basic training in such fields. Medicine was heading towards a minimum of eight years for the M.D. degree, but there is now a strong trend to shorten this to even six years in some of our outstanding universities. I cite this as but one example; other professions have called a halt to lengthening their programs and have also instituted shorter programs for the basic diploma. Pharmacy, in my opinion, has done itself great

harm by making the basic course longer than four years, with a bachelors degree as its mark of completion. There will always be a neighborhood pharmacist have no fears about that. And four years is ample to fit him for this purpose.

You may ask how I can be so sure that there will always be a neighborhood pharmacist. Let me cite a parallel situation in medicine: the local family physician, or general practitioner. Although there is an acute shortage of this most necessary doctor, with certain changes which are now being made in the training programs, etc., there is no question that the general practitioner will be with us and will not fade out of the picture. The simple economics of our society assures this. The local family physician can see his patient in his office for a smaller fee than the local hospital must charge in its emergency room, where the care is neither personalized nor always provided by a physician of experience. So long as the family physician will provide personalized service and availability at a reasonable cost, he will survive and prosper. The corollary to this is the fate of the neighborhood pharmacist; he too will survive and prosper so long as he gives personalized service and is available at a reasonable cost.

Obviously, the pharmacist who goes into institutional work (such as the hospital or health center) will need additional training and experience. An additional year of schooling should be available to provide this training. He will be called upon to deal in many areas which the neighborhood pharmacist is never called upon to render service. An example of the future needs of the hospital pharmacist would be training in hospital supplies (as well as drugs) so that he might become the purchasing agent for all medical and surgical supplies as well as of drugs. The handling of injectables makes imperative a knowledge of their prepara-

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

tion, their chemistry and stability, their sterility, their usefulness to the clinicians, etc.

The third variety of pharmacist is the specialist in pharmaceuticals who must learn the intricacies of manufacturing, the problems of assay and drug standardization, the problems of packaging and a host of other highly specialized requirements. Naturally he will require additional schooling. This type of specialist need not (and perhaps would better not) be a *Ph.D.* but a *Phar. D.* The *Ph.D.* candidate is one truly prepared educationally and by natural endowment to pursue a life of research in the laboratory. There should be re-established the *Phar.D.* degree for those with a practical mind who wish to become expert in the practical techniques.

I can see a four year requirement for the *B.S. in Pharmacy* degree for the basic course requirements. To require more is to place pharmacy at a disadvantage with many other professional fields which offer at least equal income and usually better and fewer hours of work. I would cite teaching, accountancy, and engineering as example. In all of these, one needs additional schooling if one wishes to rise to a position of greater (and more lucrative) importance in his field. Hence these people can build on the *B.S.* or *B.A.* degree to earn a *M.S.* or *M.A.* degree and they may even go on to a doctorate of one type or another. It should be the same in pharmacy. To do otherwise will price pharmacy off the market, I sincerely believe.

To say that the number of students entering pharmacy is going to be the determining factor of what a graduate can earn, is to place pharmacy in the same league as the trades. Pharmacy has always enjoyed the reputation of being associated with the medical and health science professions. I do not relish hearing that the scarcity of pharmacists will soon make it so profitable

as to attract students no matter how long you make the course. The course should be long enough to prepare a young man or woman to do a given job, no shorter, no longer. There is no excuse for padding the time and then looking for mirages to fill up the time, as so many educators and leaders seem to be doing. Let pharmacy perform its functions well; pharmacy need not be converted to a super-pharmacy status in order to satisfy the ego of the false prophets who wish to ever-lengthen the curriculum. It is time the rank and file of pharmacy spoke its minds forcefully on this subject.

Readers comments are welcome and will be published if of general interest.

The Editor

—O—

Noxell Sets New Sales and Earning Records in 1967

G. Loyd Bunting, Chairman, and Norbert A. Witt, President of the Noxell Corporation, Baltimore reported at the Annual Stockholders' meeting held in Baltimore, March 20th that the company finished its *fiftieth* anniversary year of incorporation with sales, earnings and dividends at a new high.

The company is going forward with new product development and currently has several new products in tests markets. 1968 sales to date are 9.8% ahead of the same period last year.

The former corporate name of the Noxell Corporation was the Noxema Chemical Company.

—O—

BERNARD LACHMAN APPOINTED TO GOVERNOR'S COMMISSION

Governor Agnew has announced the appointment of Pharmacist Bernard Lachman to the Task Force on Alcoholism and Drug Addiction on the Governor's Commission on Crime.

● T.A.M.P.A. TATTLER ●

OFFICERS OF THE TRAVELERS AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION 1967-68

Honorary President—LEO (DOC) KALLEJIAN

President—WILLIAM A. POKORNY

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Maryland Pharmacist Committee

HERMAN BLOOM—Chairman
DORSEY BOYLE

HOWARD DICKSON
FRANK SLAMA

Volume 26

MARCH, 1968

No. 6

T.A.M.P.A. News

Reported by Herman Bloom

Welcome to our new members: Sherburne B. Walker, 2 Severn Ave., Annapolis, 21403 representing Lance; J. Thomas Biggerman, 8443 Morven Road, Baltimore, Md. 21234, representing Scripto, Inc. John R. Fagan, 2302 Seminoles St. Adelphia, Md. 20783 representing Borden-Hendler; Bernard J. Healy, 108 E. Braddock Road, Alexandria, Va. 22301, representing Johnson and Johnson; Dennis J. Nolte 12664 Heming Lane, Bowie, Md. 20715 representing Wm. S. Merrill and J. Lawrence Reed, 105 W. Chesapeake Ave., Baltimore, Md. 21204 representing Owens-Illinois.

Leo (Doc) Kallejian is honorary president of T.A.M.P.A., William A. Pokorny is president. Other officers are Kenneth L. Mills, first vice-president; Francis J. Watkins, second vice-president; William Nelson, third vice-president; John A. Crozier, secretary-treas. emeritus; H. Scheeler Read, secretary & treasurer and Joseph J. Hugg, assistant secretary & treasurer.

Frederick H. Plate is chairman of the Board of Trustees. Vincent Calla, Char-

les A. Maranto, Swen Justis, Joseph Grubb, Paul Fridel, Paul Mahoney, Joseph Costanza, Adrian Bloom and Albert J. Binko are the members of the committee.

—O—

Pharmacy Calendar

June 5—Annual Banquet, Alumni Association, University of Maryland School of Pharmacy. Holiday Inn, Downtown Baltimore.

June 6—Honors Day Convocation, University of Baltimore School of Pharmacy, Health Sciences Library Auditorium.

June 8—Commencement, University of Maryland, College Park, Maryland.

June 23-July 7 — Israel-Greece Tour, Alumni Association, University of Maryland, School of Pharmacy.

July 8-11—Maryland Pharmaceutical Association 86th Annual Convention. Shelburne Hotel, Atlantic City, New Jersey.

July 21-25—Alpha Zeta Omega Pharmaceutical Fraternity, National Convention, Washington, D.C.



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Prince Georges-Montgomery County Pharmaceutical Association



AS A PUBLIC SERVICE—Alerting citizens to the need for proper use and storage of medicines and other household substances, the Prince Georges County Commissioners proclaimed March 17-23 as Poison Prevention Week in the County. Members of the Prince Georges-Montgomery County Pharmaceutical Association, sponsors of the public educational program, were on hand for the ceremonies at the County Service Building in Hyattsville. Left to right are County Commissioner Jesse S. Baggett, Commissioner Francis B. Francois, Harold M. Goldfeder, founder and first president of the Pharmaceutical Association, Commissioner M. Bayne Brooke, N. W. Chandler, Gerald Y. Dechter, Louis N. Noble, executive committee members. ,

N. W. Chandler of Chandler Drugs, Landover, Maryland was installed as Honorary President of the Prince Georges-Montgomery County Pharmaceutical Association at the Association's annual installation dinner held at the Washingtonian Country Club, Gaithersburg, Maryland on Sunday evening, April 28, 1968.

Ervin Koch of Tenley Pharmacy, Rockville, Maryland was inducted as

president for 1968-69 by Harold M. Goldfeder, past president of the Association in the installation ceremonies. Other officers of the Association are; Murry A. Rubin, first vice president; Martin Hauer, second vice president; Alan B. Berger, third vice president; Louis N. Nobel, fourth vice president; Paul Reznick, secretary and Rudolph F. Winternitz as treasurer.

Paul Bergeron II, immediate past president of the Association is chairman of the executive committee with Melvin J. Sollod, Morton J. Schnaper, James R. Ritchie, Richard D. Parker, Ryland D. Packett, Matthew Nevins; Gabriel E. Katz, D. J. Vicino and Les Brunnett, being the other members.

Ex-officio members of the executive committee are: Ben Mulitz, Leonard Sogoloff, James Carr and Robert Reznak, president of the Traveler's Auxiliary. Also serving as ex-officio members of the executive committee are past president's Morris R. Yaffe, A. W. Braden, Herman Taetle, Samuel J. Latona, Robert S. Sinkler and Gerald Y. Dechter.

—O—

Eastern Shore Pharmaceutical Society News

Charles Bennett, Jr., of Bennett Drug Store, Salisbury was elected president of the Eastern Shore Pharmaceutical Association at the January 21, 1968 business meeting and election of officers held at the Robert Morris Inn in Oxford, Maryland.

James W. Truitt of Cantner's Drug Store, Federalburg was named first vice president. Basil Johns, Marion Pharmacy, Marion, second vice president; Philip D. Lindeman, Farlow's Pharmacy, Berlin as secretary, and Thomas Payne, Traders Pharmacy, Inc. of Easton will serve as treasurer.

Martin Golden, past president of the Delaware Pharmaceutical Society outlined the prescription prepayment plans under consideration by several states including Maryland by the Eastern Pharmaceutical Services Corporation.

—O—

Washington County Pharmaceutical Asso.

The formation of the newly formed Washington County Pharmaceutical Association has been announced by Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association

following an organizational meeting held March 27, 1968.

William S. Sullivan was elected president, Theodore L. Raschka, vice president and Frederick H. Fahrney named secretary-treasurer. Jay E. Levine was appointed Public Relations Committee Chairman and Samuel O. Weisbecker as Legislative Committee Chairman.

Informative speakers, movies, and lively discussions are being planned for the meeting.

"We aim to make the Washington County Pharmaceutical Association a very active and interesting organization." Frederick H. Fahrney, secretary told the Maryland Pharmacist.

—O—

Alpha Zeta Omega

Irving Rubin, editor of the *American Professional Pharmacist* has been named as the 1968 recipient of the *Achievement Medal* of the Alpha Zeta Omega fraternity, Nathan L. Pack, Supreme Directorum of the fraternity has announced.

The presentation will be made at the annual convention to be held in Washington, D.C. July 21-25, 1968. Mr. Rubin will be given the Achievement medal at the Monday evening dinner, July 22, 1968.

Pi Chapter, Washington and Kappa Chapter, Baltimore have offered assistance to their members who suffered damage to their pharmacies during the recent disorders. The funds would be used for living expenses.

The Miami Alumni Chapter hosted a dinner at the American Pharmaceutical Association annual meeting held in Miami Beach, Florida on Wednesday evening, May 8, 1968. The annual get together of the fraters at the national conventions of the American Pharmaceutical Association and the National Association of Retail Druggists brings together fraters in attendance at the conventions.

L.A.M.P.A. News

L.A.M.P.A. Officers

1967-68

President—Mrs. Frank J. Slama

1st. Vice President—Mrs. Harry L. Schrader

2nd Vice President—Mrs. Charles E. Spigelmire

3rd. Vice President—Mrs. Irvin Kamenetz

Recording Secretary—Mrs. Leo Bloom

Corresp. Secretary—Mrs. Richard R. Crane

Treasurer—Mrs. Albert Rosenfeld

Membership Treasurer—Mrs. Manuel Wagner

part. If your telephone number is changed, or if you move, get in touch with Ann Crane, either by telephone or by mail. In doing so you will be assured of receiving all notices that L.A.M.P.A. sends out. Our secretary's address is: 6007 Eurith Avenue, Baltimore, Maryland 21206 or she may be reached by telephone at 426-6868.

Also, since we meet so few times during the year, we depend on our members to keep us posted on important personal news and events. So, if you know, or hear about one of our members who had an accident, or is confined to the hospital, let your reporter, any officer or our corresponding secretary know the necessary details. We like to take note of happy events too—like moving to a new home or going on a tour, let us share the good news. Keep in touch. We do want to retain and increase our lines of communications.

Does L.A.M.P. have your correct address? Our corresponding secretary tries to keep her records accurate and up-to-date and you, as members can do your

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over 65 years
old—I'm not
authorized to
repair it under
Medicare and
that's that!"

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School of Pharmacy University of Maryland

1968 Graduates

Thirty-six senior students of the School of Pharmacy will receive a Bachelor of Science in Pharmacy degree at the University Commencement exercises this June. Of the thirty-six, three are women.

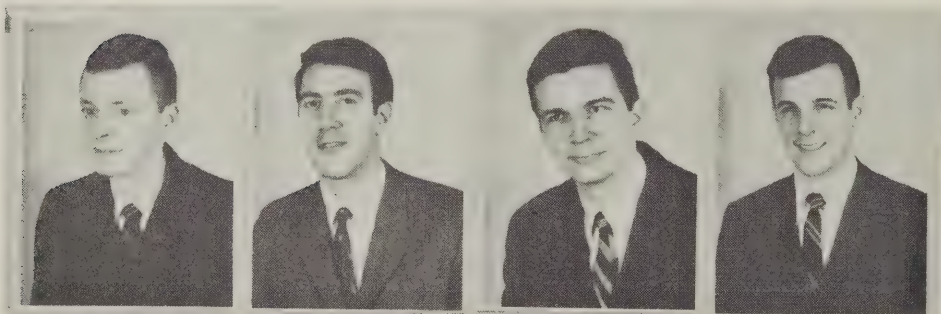
In a survey taken by the School of Pharmacy, thirty-one of the students expressed preference for Community Pharmacy as an area of interest. Of the thirty-one, seven also expressed additional interest in Hospital Pharmacy, one in Medical Detailing and one in Graduate School. Two students expressed interest in Hospital Pharmacy only, two expressed interest in Graduate School only and one undecided.

Six states were represented among the senior student body: Maryland, Alabama, Missouri, New Jersey, New York, and Pennsylvania.

1968—Graduating Seniors

U. of M. School of Pharmacy

Code: 1. Name — 2. Home — 3. Area of future interest

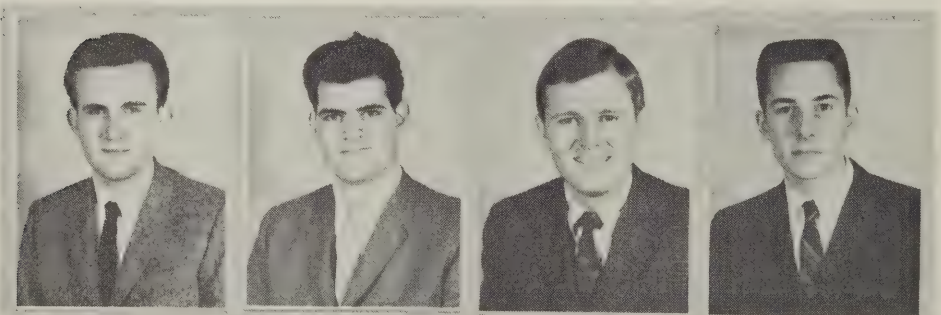


1. Adams, Robert W.
2. Baltimore
3. Community Pharmacy

1. Alpert, Charles M.
2. Baltimore
3. Community Pharmacy

1. Balch, John
2. Cumberland
3. Community Pharmacy

1. Barker, John P. Jr.
2. Laurel
3.



1. Bohle, Geo. C. Jr.
2. Baltimore
3. Community Pharmacy

1. Cohen, Steven Saul
2. Baltimore
3. Community-hospital pharmacy

1. Dirnberger, Thomas
2. Coaldale, Pa.
3. Community-hospital pharmacy

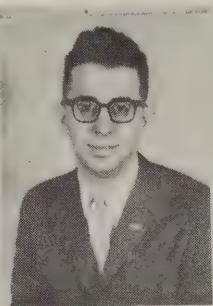
1. Dyke, Wayne A.
2. Woodlawn
3. Community Pharmacy

1968—Graduating Seniors U. of M. School of Pharmacy

Code: 1. Name — 2. Home — 3. Area of future interest



1. Feldman, Neil
2. Baltimore
3. Community Pharmacy



1. Ginsberg, Murray
2. Baltimore
3. Community-hospital Pharmacy



1. Gold, Daniel M.
2. Baltimore
3. Community Pharmacy



1. Golob, Jerrold Jay
2. Baltimore
3. Community Pharmacy



1. Griffiths, Robert C.
2. Dundalk
3. Community-hospital pharmacy



1. Hirsch, Charles
2. Baltimore
3. Community Pharmacy Detailing



1. Honkofsky, Arnold
2. Baltimore
3. Community Pharmacy



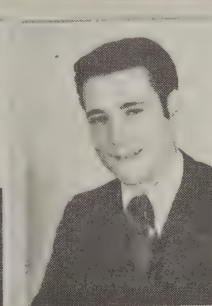
1. Howard, Leonard Charles Jr.
2. Baltimore
3. Graduate School



1. Jacobs, Lionel H.
2. Baltimore
3. Community Pharmacy



1. Kenny, James E.
2. Westernport
3. Community Pharmacy



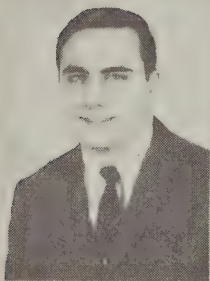
1. Lesser, Gary
2. Baltimore
3. Community Pharmacy



1. Majejrzak, Edward
2. Baltimore
3. Community Pharmacy

1968—Graduating Seniors U. of M. School of Pharmacy

Code: 1. Name — 2. Home — 3. Area of future interest



1. Nash, Glen W.
2. Trenton, New Jersey
3. Community Pharmacy



1. Newman, Joann L.
2. Parkville (Baltimore County)
3. Community-hospital pharmacy



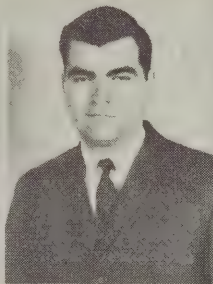
1. Newcomb, Elizabeth
2. Schenectady, New Jersey
3. Hospital Pharmacy



1. Pfeiffer, Paul R.
2. Cumberland
3. Community-hospital pharmacy



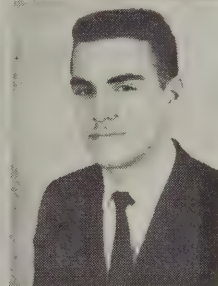
1. Pironis, Uldis
2. Baltimore
3. Community Pharmacy



1. Priller, Charles A. Jr.
2. Baltimore
3. Community Pharmacy



1. Ricci, John R.
2. East Rutherford (Rutherford, N.J.)
3. Graduate School



1. Rolf, L. Joe
2. Higgensville, Missouri
3. Community Pharmacy



1. Rosenbluth, Karen S.
2. Birmingham, Ala.
3. Community-hospital pharmacy



1. Samios, William
2. Westminister
3. Community Pharmacy



1. Smith, Earl Thomas
2. Princess Ann
3. Community Pharmacy



1. Sohmer, Herbert M.
2. Baltimore
3. Community Hospital Pharmacy
Graduate School

1968—Graduating Seniors U. of M. School of Pharmacy

Code: 1. Name — 2. Home — 3. Area of future interest



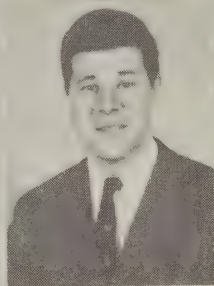
1. Solomon, Larry P.
2. Baltimore
3. Community
Pharmacy



1. Statter, William
2. Baltimore
3. Community
Pharmacy



1. Welsh, Patrick G.
2. Baltimore
3. Community
Pharmacy



1. Wolff, Martin W.
Jr.
2. Baltimore
3. Hospital Pharmacy



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BARRE is ever expanding its line in order to bring the pharmacist not only the most modern, up-to-date pharmaceuticals, but also many of those hard to find products.

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greatly expand purchases and rentals of convalescent aids . . . to a third of a billion dollars in 1975.

Gilpin provides you with these important prerequisites: 1. A minimum essential inventory combined with prompt catalog sale delivery. 2. A complete profit-making package . . . promotional literature, display equipment, professional consultation . . . and a 40% plus mark-up.

Gilpin-serviced pharmacies also enjoy the benefits of these vital customer delivering services . . .

■ New grow-power through the exciting new Community Shield Pharmacy and other traffic building programs.



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□ A wide range of personalized professional services in every Gilpin house . . .

□ A well-trained pharmacy oriented sales force

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THE SYMBOL OF SERVICE TO PHARMACY

Agreement Concerning Pharmaceutical Services—Provident Hospital Neighborhood Health Center

The following is an agreement reached between representatives of (1) Office of Economic Opportunity (OHA), (2) Baltimore Community Action Agency, (3) Provident Hospital, (4) Mayor of Baltimore, (5) Target Area residents, and (6) Maryland Pharmaceutical Association concerning the supplying of pharmaceutical services by the proposed Neighborhood Health Center to be operated by Provident Hospital under an OEO grant to the Baltimore CAA.

1. For a period of about 6 to 8 months the Hospital will operate a temporary facility until the permanent facilities can be completed. The temporary facilities are not equipped to provide pharmaceutical services on the premises. Therefore, initially patients of the Center will be supplied Center prescribed drugs as follows:

(a) As prescribed by law, all Title XIX patients will be informed of their freedom of choice to obtain drugs at any pharmacy of their choice, and suppliers will be reimbursed from Title XIX funds under present procedures. It is estimated that these are about 80% of the patients that will be served by the Center.

(b) The other patients of Center will be supplied drugs from the Provident Hospital's present in-hospital pharmacy at Division Street, which pharmacy will also supply the Center's in-house needs, making stocks of drugs available at the Center in limited supplies to the extent deemed feasible, and filling other needs by messenger on demand.

2. As soon as arrangements can be completed, service to the non-Title XIX patients will be supplemented by the availability of at least five (5) Target Area pharmacies to supply Center-prescribed drugs. These suppliers will be

reimbursed for drugs supplied from OEO funds under a pilot vendor program. These pharmacies will be initially recommended by the Maryland Pharmaceutical Association, for which recommendation non-members of the Ass'n must be eligible. The recommendations must be approved by the OEO and CAA as meeting temporary guidelines developed for this pilot program, and on such approval the patients will be advised of the approved pharmacies as suppliers of drugs is desired by the patient.

3. The Maryland Pharmaceutical Association will meet promptly with OEO for the purpose of developing an approved detailed plan for the supplying of non-Title IX patients with Center-prescribed drugs. It is recognized that a substantial amount of work will be required for the development of this program, and it should begin promptly. OEO will arrange for assistance of other professional groups, such as NARD and APhA, in the development of the program. The plan will include details of such elements, among others, as facilities to be provided by participating pharmacies, record keeping requirements, cost controls, and reimbursement procedures.

4. On completion of the above program, it will be tried with all qualifying pharmacies in the Target Area who wish to participate in the program. The plan will be implemented on a trial basis for a period of six months at the end of which the operation will be reviewed by OEO, the CAA, the Maryland Pharmaceutical Association, the City Council and the Target Area residents' association.

5. During present planning work for the permanent Health Center pharmacy space will be so planned that it can be

limited to the supply of in-house needs, or expanded to provide service to patients for Center-prescribed drugs, however a final decision may dictate. The plan would contemplate that if the Center pharmacy is restricted the space thus saved would be planned for other purposes helpful to the Center.

6. Upon completion of the above steps, but not before, a final decision would be made as to the establishment of a method of providing pharmaceutical services in the permanent Health Center Facility.

The above is a restatement of a summary agreement signed on March 29, 1968 by:

Dr. D. A. Pugliese—OEO/OHA—Washington, D.C.

Mr. Nathan I. Gruz—Maryland Pharmaceutical Association

Mr. Charles G. Tildon—Provident Hospital

Dr. Talmadge H. Pinkney—Provident Hospital

Mrs. Violet Scales—Neighborhood Advisory Council

Mr. Parren J. Mitchell—Community Action Agency, Baltimore

Mr. Kalman R. Hettleman—Mayor's Office.

Also present for pharmacy and improving the plan were: Donald O. Feder, President of Baltimore Metropolitan Pharmaceutical Association and Chairman, Health & Welfare Committee of the Maryland Pharmaceutical Association and member of the Executive Committee, MPA; Joseph S. Kaufman, Maryland Pharmaceutical Association Legal Counsel; Provident Target Area Pharmacists Committee: Louis Taich, Chairman; Donald A. Schumer and David Y. Serpick.

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DO YOU HAVE PLANS TO . . .

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ENLARGE PRESENT QUARTERS?

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CARPETING?

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IF Not, Plan On Trouble Ahead!

IF YOU DO HAVE PLANS BUT NOT THE CASH, WOULD YOU
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THE DRUG HOUSE, INC.

The Role and Responsibilities of the Pharmacist in Dispensing OTC Drugs

Address by **GEORGE GRIFFENHAGEN**

at the 8th Annual Robert L. Swain Pharmacy Seminar

Sponsored by the Maryland Pharmaceutical Association and the

University of Maryland School of Pharmacy

Baltimore, Maryland — Thursday, March 21, 1968

It is a real pleasure for me to have this opportunity of participating in this seminar, and I am equally pleased to be able to bring the greetings and best wishes of APhA President George W. Grider and APhA Executive Director William S. Apple.

But perhaps the greatest personal satisfaction of all is to pay tribute to the man for whom this Seminar has been dedicated—Robert L. Swain. Using Bob Swain's own words as he presented the dedication address in 1934 for the American Institute of Pharmacy in Washington, we can portray this Seminar as the symbol of which he spoke. Dr. Swain stated:¹

"... this is a symbol of a profession devoted to the eradication of disease, and to the betterment of the conditions under which we live. It symbolizes the countless ages through which pharmacy has trudged side by side with man as he pulled himself along the highways of the past. It symbolizes the tenets of professional doctrines which have demanded higher and higher standards for drugs and medicines. It symbolizes the quiet faith of the research worker as he crystallizes his imagination and creative skill into new products for the alleviation of pain. It symbolizes the determination and patience of the pharmaceutical educator as he pours his life in training others for their great responsibilities. It symbolizes the obligation of pharmacy as it bends to the

task of conserving and improving the public health."

With further reference to the practice of pharmacy, Dr. Swain, in the same address presented 34 years ago continued:

"Unfolding of this picture also discloses our individual responsibility. It challenges us to give our best thoughts and talents to our profession. It is a crying demand to measure up to our responsibilities to ourselves and to be diligent in meeting our obligations to the public health. In a large measure, this magnificent undertaking will fail if it does not kindle an inextinguishable fire in our professional consciousness."



GEORGE GRIFFENHAGEN

¹ Swain, Robert L., *Journal of the American Pharmaceutical Association*, 23: 480-483 (May, 1934)

Among the greatest challenges and obligations facing the profession of pharmacy today are the tremendous opportunities offered by the field of non-prescription medication. Changes have been great in medical care, and change will be with us for some time to come.

In order to gain some perspective as to the future practice of pharmacy, let's take a look at some trends that are developing today—trends which will have their effect upon us and our profession. First there is the trend away from solo practice of medicine and away from the neighborhoods, into group practices centered around hospitals. Then there is the decreasing supply of general practitioners of medicine. Add to this the increasing shortage of all physicians and we can see a void developing in the health needs of the public.

This void is characterized by the disappearance of the health practitioner who is available at all times of the day or night.

The public has come to expect such a person and is reacting to his unavailability. Medical people, noticing this void, are training physicians' assistants to fill it. Nursing circles are training special public health nurses to occupy this position.

We in pharmacy, however, know that pharmacists are capable of stepping into this void and have the potential of satisfying the public demands for a community health practitioner. For the pharmacist is already in the community. He is available and accessible. He is knowledgeable. His advice is for the most part free or of low cost, and he is concerned for the welfare of his patients.

Non-prescription medication will have an ever-increasing place in the medical treatment of the future. Self-diagnosis and self-medication will continue to rise as the public becomes more knowledgeable about diseases and drugs. While this is intrinsically good and will have an immediate effect on reducing the

physician work load, self-diagnosis and medication must be subject to professional guidance. The pharmacist who is available, accessible, knowledgeable and concerned is the logical choice for the individual on whom this responsibility should fall.

We can see, therefore, a vast opportunity for community pharmacists in the future. The more I think about the prospect, the more enthusiastic I become.

But the future is not yet here. We have much work to do to prepare the pharmacist for this future role. Professional societies will have to pave the way for this practitioner in government and other professional circles. Schools of pharmacy will have to alter their curricula to provide the education necessary for this new function. Most important of all, the present practitioner of pharmacy will have to alter his attitude toward the practice of pharmacy and re-train himself in order to fulfill this new role.

To better understand the dilemma which has faced pharmacists for centuries—and is still facing the profession even today, perhaps we should retrace our steps through time. I am confident that this is how Dr. Swain would have met the situation, since the pharmaceutical literature is replete with historical reviews which he presented from time to time on a variety of subjects.

The patent medicine, as we know it today, is a result of the Statute of Monopolies, adopted by the British Parliament in 1624. It regulated the indiscriminate use of power by the monarchs, limiting the period of patent privilege to fourteen years. Hence the term, "patent medicine" which actually meant a secret remedy since the formulas of the earliest home remedies for which patents were granted were cloaked in mystery.

One of the first successfully promoted English patent medicines was granted in 1712 to Richard Stoughton, an

apothecary who practiced at the Sign of the Unicorn in Surrey, England. In the patent specifications, Stoughton offered no formula, but he tipped his hand when he noted in a handbill that it contained 22 ingredients which "nobody but himself knew what they were." So popular was Stoughton's Elixir, that the squat bottle in which the nostrum was packaged gave rise to the popular idiom "stodgy as a Stoughton."

Another English patent medicine in which the bottle became as well known as the contents was patented in 1744 by Robert Turlington, a merchant of old London. Turlington's Balsam of Life contained 27 unrecorded ingredients. Packaged in this unique bottle the contents varies unbeknown to the public, but the shape of the bottle remained constant for two hundred years.

So chaotic was the variation of formulas of the English patent medicines in America that the Philadelphia College of Pharmacy set out to correct the problem as one of their very first ventures following their founding in 1820. The objective of the PCP formula, published in 1824, was (in their own words) to "strip the extravagant pretension and false assertions from the secret nostrums while at the same time to devise formulas for their composition as simple and inexpensive as possible that might retain the chief compatible virtues ascribed to them on their traditional wrappers.

But even before the first pharmaceutical organization in America could come to grips with the problem of turning the classical nostrums into useful home remedies, the American patent medicine business was already booming. By 1850, a Boston drug catalogue listed four hundred different proprietary medicines, and one pill man alone, according to a U.S. Congressional committee in 1849 was spending a hundred thousand dollars a year in advertising his purgative.

By this point in time, the American Pharmaceutical Association had come onto the national scene, and one of its very first objectives was to "act efficiently in abating this great evil." In 1853, C.B. Guthrie, apothecary and physician of Tennessee, told the pharmacists gathered for the APhA annual meeting, "from a small beginning, quackery has grown to a great monster of which we are afraid." Admitting that patent medicines had become an important source of income for many pharmacists, Guthrie quickly added that "right had to be placed above money." The APhA thus resolved in 1853 that "pharmaceutical brethren discourage by every honorable means the use of these nostrums; to refrain from recommending them to their customers; not to use any means of bringing them into public notice; and not to manufacture or to have manufactured any medicine the composition of which is not made public."

While it is true that this resolution of 1853 was of little practical importance in achieving the intended purpose of "abating this evil," it certainly set the stage and delineated the problem which continued to grow in almost geometrical proportions. Frederick Hoffman told the 1876 APhA annual meeting that the nostrums traffic has attained such dimensions that two-thirds of the total quantity of medicines consumed in the United States in 1876 are dispensed in the form of nostrums." The number of different "patent medicines and proprietary articles" increased from about 50 in 1804, to over 500 in 1857, to nearly 5,000 in 1880. New means of promotion were added by the proprietary kings; by 1870, millions of patent medicine almanacs were being shipped to "druggists" and other merchants to be carted home by their customers; often the covers of these almanacs would have imprinted the name and address of the druggist as a type of endorsement of the nostrums recommended in



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each almanac. Little wonder that Hoffman told APhA members that "the pharmacist, as far as the nostrum traffic is concerned, is but a merchant . . . Thus pharmacists suffer by degeneration of their profession into a mere trade."

For decades, physicians and pharmacists felt that full disclosure of the formulas of the nostrums would help to solve some of the problems. In 1857, a *Druggists Circular* editorial defended the practice of self-medication by the public as an American Right, but encouraged AMA and APhA to supply pharmacists with formulas of home remedies to be sold in place of the secret nostrums. Some of the pharmacy journals published formulas of patent medicines, even at the risk of being taken to court. In 1876, Frederick Hoffmann announced to APhA members that he was supplying pharmacists with his answer to the patent medicine almanac—his own "Popular Health Almanac" for distribution to the public; herein he explained, was provided disclosures of the formulas patent medicines "as the wisest method of instructing people about their composition and dangers."

An attempt to achieve disclosure of the ingredients of secret home remedies mounted and in 1884, an APhA committee on patent medicines called for such legislation, stating that "it is the right of purchaser of a medicine to receive information of its constituents, their names and proportional quantities;" unfortunately, however, the Committee failed to foresee the role of the pharmacist as a means of providing guidance in self-medication. In fact the Committee flatly stated that "pharmacists are not to judge upon the choice of medicinal agents made by the public." There were dissenters to this narrow view, one of whom stated, "It is a patent fact that the pharmacist is esteemed by the public to give advice and instruction in regard to such remedies as they may desire to use in the

ordinary household practice. There can be no doubt of the right of the pharmacist to give such advice," he emphasized. But the proponents of secret nostrums was re-grouping for a counter-attack. The Propriety Association was organized in 1881, and one of their objectives was what they called "the extermination of imitation goods." They soon painted the picture under the label of "substitution" that the real evil was for any pharmacist to sell his own formula as a substitute for the original patent medicine. Proprietary manufactures laid the basis for modern merchandising by demonstrating that consumers could be trained to ask for products by brand name, and all retail merchants could therefore be forced to carry it. An example of such an anti-substitution ad shows a pharmacist trying to sell his own "Catarrh Remedy" while an irate customer cries out, "no Sir, I Want Pe-Ru-Na!"

Many "druggists" rationalized that if these nostrums are here to stay, "it is no doubt safer that they should at least pass through the hands of a trade which is competent to exercise a kind of control." They did not explain what type of control they had in mind, since they agreed not to try to influence the public on their choice, and in most instances they didn't even know the composition of the nostrums they were selling. They saw instead the fact that by the beginning of the 1880's, the department store sales of nostrums was booming. Thus a "National Retail Druggists Association" was organized in 1883 to solicit assistance from The Proprietary Association and the newly organized National Wholesale Druggists' Association for establishing a plan whereby patent medicines would only be sold to jobbers who would agree to sell them at the "rebate prices" to retailers; the retailers in turn would sign an agreement not to sell to consumers at less than marked retail price, but the plan was in vain, and the NRDA folded.

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Attempts by some "druggists" to achieve restrictive sales and price maintenance for the secret nostrums was not seemingly slowed by the increasing number of evils of patent medicines that were being exposed during the 1890's. So while the APhA Section on Commercial Interests was debating in 1893 methods to establish price maintenance of patent medicines, Professor Hallberg was making an impassioned plea against the sale of these nostrums. He told the APhA annual meeting that "thousands of babies have had their mental facilities impaired for life through the subtle poison, morphine, sold broadcast over the land in the form of soothing syrups. Many a female could testify to the numerous preparations on the market for the exclusive use of un-natural mothers, and the insane asylums, poor houses, jails and penitentiaries are filled with the wrecks of humanity, who innocently were led to believe that from some secret compound or nostrum, they could obtain relief, but instead found only a living death."

Again, pharmacists were asked to come to grips with the same old dilemma. Some felt that it was all a waste of time, one asked if any action to eliminate the sale of patent medicines was not "like killing the goose that lays the golden egg?" But one outspoken pharmacist from Chicago shouted from the floor of an APhA annual meeting, "Don't we realize that this patent medicine industry is one of our greatest enemies?" "How stupid can pharmacists be?" asked another. "They give away valuable window space to show goods which are making their own enemies rich; they hang pictures and tack signs from their biggest rivals in the most conspicuous places in their stores; they plaster their windows with transparencies and give place on the sidewalk to all kinds of signs and bicycle racks, to the end that a quack living in a distant city may wax opulent."

Those pharmacists and physicians who continued to fight the secret nostrums were joined at the turn of the 20th century by the lay press. The effect of this publicity campaign led to the enactment of the Federal Food and Drug Act in 1906.

One of the unrecorded benefits of the new FDA law of 1906 was the clarification of the role of self-medication in American society. In a good many of the court trials, prosecuted under the Food and Drug Act, testimony, such as presented by a physician at the Cardui trial in 1916 indicated that patients could not, and in fact should not, see a physician "for every little complaint," but they were free to "take some little medicine to help Nature throw it off."

Despite increasing acceptance of self-medication by the medical profession, the popular press was still disclaiming the pharmacist as a source of help in the selection of home remedies. For example, Henry Fuller, in his book, *The Story of Drugs*, which was widely acknowledged in the pharmaceutical press when published in 1922, offered the following advice: "In the drug trade, and especially among the retailers who are actually dispensers of these (patent) medicines, there is a great deal of ignorance respecting their composition and character."

It wasn't until 1936 that the APhA Committee on Proprietary Medicine came face to face with this problem, but again the ranks of pharmacy were split. In a minority report, the Committee noted that "pharmacists are making fair trade contracts and the granting of profits on proprietaries as the basis on whether or not they would be handled, and if this were known to the public, it would not enhance the public image of the pharmacist." The minority report hit the nail right on the head when it concluded "if pharmacists ever exercise their true function it will be to guide the public in its choice of medicines for self-medication." But the Committee's majority re-

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port simply stated that "the tendency is much the other way" and that these "troubled waters will continue to beset us."

And so as predicted, troubled waters have continued to beset pharmacy.

One of the most critical objectives to be accomplished today is to convince ourselves that dispensing non-prescription medication can be as professional an act as dispensing prescription medication, if not more so. In dispensing prescription medication, the pharmacist is carrying out the orders of a third party—the prescriber. The physician has already made the decision what to prescribe and what dose to recommend. In counselling patrons in non-prescription medication, however, the pharmacist must make an evaluation of the person seeking his advice. He must evaluate the products he has which may be effective. He must make a decision whether or not to recommend a product, and then he must decide what to suggest to the patron. This decision is his responsibility for which, of course, he is fully liable. This act of making a decision is one of the hallmarks of a professional act.

In addition, the pharmacist must evaluate all the products he carries in his supplies. Since carrying a product is tacit approval of the product, the pharmacist must be knowledgeable of all products in stock. This includes not only indications for use, but also advertised claims, toxicities and side effects.

The application of professional ethics to the practice of dispensing non-prescription medication and counselling in self-diagnosed conditions, is a vital necessity if pharmacy is to ever achieve maximum professional maturity.

How are professional ethics applied to the pharmacist's dealings in this area of medication? First and foremost the welfare of the patient or the patron seeking advice must come before any consideration of financial reward to the

pharmacist. I'm not saying that the pharmacist has to lose money each time he dispenses a bottle of aspirin. What I am saying is that attitudes are going to have to change from "sell the largest" or "push the product with the maximum profit" or "recommend product X because a mystery shopper might pay you \$50", to what is best for this person at this time with this particular problem. What we're talking about is concern—that vague and almost indefinable state which creates the warmth, confidence, success, and is indeed the essence of any true professional relationship. It is the same concern which is present in the feeling of a minister for his congregation, an attorney for his client and a physician for his patient.

Having established the fact that concern for the welfare of the patient is the primary function of a professional act, then we can identify certain other functions which can relate more closely with the pharmacist and non-prescription medication.

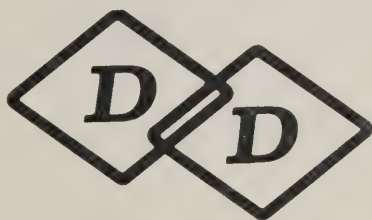
Would a pharmacist who has the welfare of his patient as his first concern, ever dispense a secret remedy, as he had to do in the 19th century? Would he ever be guilty of recommending or even having in stock a product the advertising of which is misleading and even fallacious? Would this pharmacist, who must serve the welfare of his patron, ever allow his non-professional assistants to make recommendations and advise his self-medicating patron? Would he ever place a particular drug in stock unless he knew the exact use, dose, toxicity and contraindications of that product?

We know very well that there are a large number of products available today which do not reveal the quantitative amounts of all active ingredients. Our recent experience in attempting to obtain this information for the *Handbook of Non-Prescription Drugs* is most enlightening.

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Nearly 20 percent of the products listed in the *Handbook* lack the full information because manufacturers refuse to disclose it and explain that the strength of the ingredients in their products is a "trade secret". They reply to our inquiries—

Our products constitute proprietary formulations whose quantitative formulations are not for publication.

Sorry, confidential.

It is contrary to company policy to give quantitative formulas listing active ingredients except as required by law.

Some companies argue that their secrecy is due to their reluctance to reveal the exact composition of any of their products to their competition. However, under questioning, they admit that they know the composition of their competitor's products—usually from laboratory analysis—and they also concede that simply identifying the amount of active ingredients present usually does not reveal any formulation or manufacturing "trade secrets."

We have no intention of relaxing our own efforts at APHA to obtain eventually full disclosure of the quantitative amounts of active ingredients of all "home remedies," whether voluntarily or by law, and such information will be included in future editions of the *Handbook* as quickly as it is obtained. And we again remind pharmacists that they should think twice before ever recommending any product whose manufacturer fails to provide quantitative disclosure of the active ingredients.

We are all familiar with the recent convictions of the manufacturer and advertising agency involving Regimen. Here was a drug on which we now have documented proof of misleading and fallacious advertising, yet pharmacists sold millions of dollars' worth of the product. Just a few years ago, a book was published entitled "Calories Don't Count". Many pharmacists not

only started pushing the sale of the book, but they also merchandised the safflower oil capsules praised in the book. Is this the kind of medicine show pharmacy that generates professional concern for the welfare of the patient? How many other Regimens and safflower oil capsules are today on the shelves of our pharmacies?

The application of professional ethics to the pharmacist's activities with non-prescription medication requires knowledge—knowledge in that area which he claims to be expert—the field of drugs. This knowledge must include not only the pharmacology of the individual medicinal agents but the product as well. Toxicology and possible drug interactions are included in this area of expertise which the pharmacist must master.

In addition, there is another branch of knowledge—that of therapeutics—which is of critical importance. What are the conditions for which people most frequently attempt self-medication? Can these conditions be self-medicated effectively and safely? What are other more serious conditions that have symptomatology similar to the conditions mentioned above? How can the pharmacist be sure that his patron has diagnosed his condition correctly? What are the consequences of the long-term administration of some medication? These are some questions which knowledge must answer if pharmacists are to apply professional ethics to their handling of non-prescription medication.

Intimately associated with the knowledge is the ongoing maintenance of this knowledge—continuing education. In this respect, of course, I'm really speaking to the wrong group. You here today are already convinced on the immense value of continuing education.

Of the thousands of pharmacists practicing in this area, the number here today is but a very small percentage. Where are the rest? How can we con-



The man on the left is a professional


He's a professional golfer. He knows there is more to golf than sand traps. Your Youngs Drug Products salesman is a professional, too. He knows there is more to selling than taking orders. That something "more" is training and experience.

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vince them of the importance of maintaining their professional competence? Must we legislate this? Can we legislate this?

There is evidence, however, that more pharmacists are becoming interested in updating their education in regard to non-prescription medication. The unprecedented sale of the *Handbook of Non-Prescription Drugs* has shown us that the pharmacists of the nation are anxious to learn more in this field. In five months since its introduction, we have had to reprint the book three times, and the number that has been distributed is approaching the 15,000 mark. This is not only an indication of the interest among the pharmacists in this topic, but it's a mandate to their schools and professional associations that much more remains to be done. But like the representation here at this meeting, the distribution of 15,000 copies of the *Handbook* indicates that less than one out of four pharmacists have a copy of the *Handbook* at their disposal. When physician-columnist Dr. Walter Alvarez wrote us recently commending the Association on this unique sourcebook of information, he added that he hopes that every pharmacist in every pharmacy in the country will not only have a copy of the *Handbook*, but will routinely employ the *Handbook* to answer patron inquiries about self-medication. How can we "kindle the inextinguishable fire in our professional consciousness", as Dr. Swain put it, "so that one day *all* practicing pharmacists will accept the challenges and fulfill their expected responsibilities?"

To provide the legal basis for better guidance of the self-medicating public, APhA proposed in 1964 that drugs be classified into four classes. They are:

1. To be dispensed on prescription order and renewable at the prescriber's discretion only.
2. To be initially dispensed on prescription order only but renewable at the pharmacist's discretion.

3. To be dispensed personally by the pharmacist at the request of the patient, and

4. To be directly available to the public without professional direction or control.

Support for this proposal was immediate from almost all sectors of the profession and from other health and professional sources. Several medical journals, for example, editorialized on the importance of the proposal and the need for professional control over some drugs now available without prescription. As *Northwest Medicine* said,

"No grocery clerk knows enough to make an estimate of probable consequence of drug use, but the pharmacist does. No grocery clerk or super-market employee will be apt to refer a patient needing medical care but a professional pharmacist will. No untarined or unskilled person can realize that two drugs taken together may be quite incompatible, but the pharmacist knows. He has dedicated his life to knowing."

The *American Druggist* conducted a survey which showed that 79% of the state boards of pharmacy and 73% of the secretaries of the state pharmaceutical associations favored the APhA proposal.

The APhA membership was subsequently polled regarding their support for the proposal and of over 2,500 responses, 93% overwhelmingly favored the reclassification statement as prepared by APhA. The APhA membership voiced its approval of reclassification in other ways. The many standing committees of the Association yearly have reaffirmed their support of the Association's policy and urged continued action and investigation on the part of the Association to seek reclassification.

But why hasn't reclassification been enacted into law? Why hasn't pharmacy

been given the responsibility of controlling a class of medication that it has historically supervised?

The answer—plainly and simply—is lack of professional agreement on the reclassification proposal — in other words, the lack of a united front. It would prove utterly fruitless to submit a proposal on which one organization in pharmacy states that drugs should be dispensed only in a pharmacy under the supervision of the pharmacist, while APhA and other professional organizations emphatically state that these agents should be dispensed personally by a pharmacist.

Why has APhA so tenaciously adhered to its policy of advocating a class of drugs which must be dispensed personally by a pharmacist? For the same reason that only a pharmacist should dispense a prescription or consult with a physician regarding specific drug information—it is his professional duty and no one in a pharmacy is capable of performing this duty but the pharmacist. There is little room for argument that there is a group of drugs which should be dispensed only by a pharmacist. To create a classification which restricts drugs to his supervision only, merely creates a situation similar to that which existed several years ago when the grocery stores were able to convince the state courts that these agents were not being professionally guarded by the pharmacist. It didn't work then and it won't work now. We need the pharmacist as the professional responsible for the distribution of these agents. This responsibility can only be effective if the agents are personally dispensed by the pharmacist.

If our intentions behind this reclassification proposal are to create a monopoly in the sale of OTC drugs, we will be defeated. Our intentions must—first and foremost—be the protection of the public whom it is our duty to serve. This intention can best be conveyed to the people and their government by an

agreement on the part of pharmacists to personally take charge of a number of drugs which will provide the public the convenience it desires and the protection it deserves.

In conclusion, let us be reminded of the charge delivered by Dr. Robert L. Swain at the centennial meeting of the American Pharmaceutical Association. He said:

"As we stand upon the threshold of pharmacy's new century, a century which will undoubtedly reshape the course of world history and refashion the attitudes and achievements of man, let us resolve to live up to the fundamental demands and the practical needs of our profession. Even though the new century will be one of contrasts, presenting measureless opportunity, apprehension which chills the heart, and hope that thrills the soul, let us recall the words of one of Americas immortals. 'Any calling is great which is greatly pursued.'" Let us all live up to Dr. Swain's hope that we will live up to the fundamental demands of society and the practical needs of our profession.

Thank you.

—O—

"Unprogressiveness . . . is usually a function of wrong thinking rather than age. Inflexibility of mind and resistance to 'new ideas' crop up among the young as well as the old. To progress, one must be mentally alert and striving for self-improvement."

Albert Johnson

Check Cashing

Check forgers take \$1500 per minute from the honest business man. The United States total exceeds \$2,000,000 a day.

A suggestion—limit the authority to approve checks to a few people in your pharmacy with strict guide lines as to the value limit of the check and purpose of cashing same.

A Physician's Viewpoints on the Role and Responsibilities of the Pharmacists in Dispensing OTC Drugs:

EMILY SEYDEL, M.D., Director Maryland Poison Information Center

at the 8th Annual Robert L. Swain Pharmacy Seminar

Sponsored by the Maryland Pharmaceutical Association and the
University of Maryland School of Pharmacy

Baltimore, Maryland — Thursday, March 21, 1968

First I would like to make clear that this is only one physician's viewpoint, and I am an ivory tower specimen at that. The developments of the past five years lead me to profound humility in predicting for the next five years. Nevertheless with the bravado of my Irish Gypsy ancestors I will attempt to read your tea leaves. I am well aware that these roles are ultimately personal decisions of individuals, and that constructive self criticism is more effective than any external coercion. However, the multi-social and scientific changes of today increase the importance of discussing goals and philosophies. Therefore I hope my remarks may at least stimulate more thoughts and perhaps discussion among you.

The Pharmacist As Drug Dispenser

I could advocate return of a European style of apothecary or invision the computerized vending machine, but I will stick to the near future with you the pharmacists as drug dispenser. Supermarkets have already encroached upon your prerogative which I should like to see reclaimed. The OTC preparations are supposedly so innocuous that everyone acts surprised when overdose, misuse, and adverse reaction cause significant illness. Aspirin, the most used and hence best defined OTC analgesic, was responsible for 842 accidental poisonings reported by 8 poison Control Centers in Maryland, all in children under 12 years old. Furthermore it was reported misused by these same 8 Centers in 116 persons over 12 years old.

In a Philadelphia study of drug reactions it was in the fourth place of hospital-used drugs causing reactions severe enough to be commented upon in the progress notes.

Clearing House Studies

In 1966 the National Clearinghouse for Poison Control Centers in a study of products most frequently named in ingestion accidents; aspirin, of course, was in first place, with St. Joseph's and Bayer in the lead; but Congesprin, Liquidprin, Excedrin and Anacin, in that order, were in the top thirty of 1720 trade-named products. Vitamins is probably the next category in widest use and significantly misused. In the same National Clearinghouse report they were the third (soap, detergents, and cleaners took second). Most frequently involved type of substance Chocks, Vipenta, Zestabs, Poly-vi-sol and Poly-vi-flor were specified in that order. Many do not realize that somewhere between 20 and 100 times the daily dose will cause acute neurologic symptoms due to increased intracranial pressure. But in addition to these acute accidents there are many cases of chronic hypervitaminosis A and D reported from long-term overdose. Chronic overuse of the analgesics likewise is responsible for a variety of problems including methemoglobinemia, nephritis, poor coagulation and G.I. bleeding. There are also the patients who through self-treatment avoid medical care often until they have irreversible pathology. Nerve, anti-

acids, laxatives, linaments and cough medicines are but a few frequent examples. Despite labels with FDA required warnings, these, the analgesics, and the vitamins are greatly over-employed by an unsophisticated public. The pep pills or stay awake caffeine preparations have killed a few children because the parents were sure they were non-toxic and did not relate the child's convulsions and coma to the missing pills until too late for adequate therapy. Antihistamines, cold remedies and sleep aides are a similar group of drugs kept in purses, bedside drawers, and dining tables in large quantity easily available to curious mouth testing toddlers. Worse yet, these ingestions are easily shrugged off by the family until symptoms develop and by then significant absorption has taken place. Then there is the problem of sensitization common with the external application of antibiotics and topical anesthetics in lozengers and ointments as well as disinfectants. Although not a fad of significant proportion in this area, misuse of stramonium containing medications for asthma has led to severe poisonings in some states.

Undoubtedly you will think of further examples in which OTC preparations have been responsible for illness, even death, although these remedies are self-service items available in grocery stores, restaurants and news-stands. This lack of respect for the pharmacologic potency of these drugs is also reflected in the volume of sales. Both public and manufacturers will object to further controls. Nevertheless mercurial ointments are no longer common. Granny no longer believes in her copper penny for arthritis and toxicology consultants are slowly succeeding in replacing universal antidote with activated charcoal alone, and burnt toast is no longer considered a substitute. In short, obsolete ideas do fade away.

Medications Be Sold In Pharmacies

I would recommend that all medications be sold in pharmacies where further information and advice would be available. The patient and his physician would have the advantage of a record of the drugs used. I understand that this service for internal revenue purposes is being provided in some of your stores. Its value could be expanded and perhaps help in the detection of adverse drug reactions and therapeutic incompatibilities.

The Pharmacists As Health Advisor

Having inherited the powers of the Indian medicine men with their plum roots, pine bark and water lily leaves, the Pharmacists have long been consulted by the public for the relief of unpleasant symptoms. With this ego-inflating position goes a sense of responsibility to serve people to the best of one's ability and this is reinforced by the pharmaceutical society's state licenser and other professional groups. The public today is, however, a multifaceted society so complex as to have become a study subject of its own. For the purposes of this talk, I will use the following subdivisions as groups for which you can plan special programs: the infant, the pre-schooler, the pre-teen experimenter, the adolescent authority flaunter, thrill seeker or depressive, and the adult who is alcoholic, depressed, obese, illiterate or foreign-speaking. Most of you have an altruism or you would not have chosen the profession of pharmacy yet you would object to acting as social case workers. My intent is only to point out a professional role anticipating and interpreting pharmacologic actions of drugs to this heterogeneous public. Economics could be the main cause many of you did not become physicians and for this reason you may better understand a patient's reactions yet also be able to explain in his vernacular what the physician assumed, neglected or inade-

quately communicated. Parents need to be warned that infants are not little adults, that U.R.I.'s can very rapidly become septicemia, meningitis or pneumonia. Doctors too need to have the dosages rechecked for them if they do not always prescribe for infants. Parents also need reminders about the curiosity driven exploits of which a preschooler may be capable. Recommending "palm and turn" containers and individually packaged tablets and capsules could be one aspect of your daily service to reduce accidental poisoning episodes. The academy of Pediatrics and the American Association of Poison Control Centers has endorsed safety packaging. The Maryland Chapter of the Pediatric Academy and the Maryland Poison Information Center specifically urges the use of the Palm-N-Turn container which was tested successfully in the Windsor Ontario area. Maryland pediatricians are urged to request it for prescriptions. At least one of the Drug Wholesalers in Baltimore has this available for the Poison Control Week Campaign. Strip packaging employed by several pharmaceutical companies will also decrease childhood poisoning. Recommending and explaining this packaging may reinforce the educational programs on mass media.

Protective Packaging

In some communities protective packaging can be combined with a flyer on poison prevention, but in other communities only a personal explanation of precautions you yourself have taken protecting and educating your own children from ingestion accidents will be effective. The approach to the early teen experimenters will also need to vary according to the social background. In some instances a talk on glue sniffing, refrigerant sprays and Jimson weed seeds at school, church or scout groups will be deterrent. Sometimes befriending a bunch of jaded pop drinkers will be the only way to provide effective leadership. The same is

true for the older adolescent. Words to the wise are frequently wasted and only the personal comments of an objective observer armed with scientific facts will penetrate. There were 600 cases of poisoning by barbiturates and other sedatives treated in the emergency rooms of Baltimore in 1967. 336 of these cases were between 13 and 29 years old. Of 24 poisoning deaths in the state between 13 and 29 years old, 11 were due to narcotics, sedatives, barbiturates, and/or tranquilizers. Many pharmacists are involved in programs to control drug abuse, but reinforcement on an individual to individual basis is still needed. Dr. Freimuth, the state medical examiner, has pointed out that many traffic accidents are associated with alcohol and other drugs. Undoubtedly even more injuries are related to poor reaction timing from drug-induced CNS depression. As pharmacists you can warn each purchaser of a depressant medication. On other occasions a receptive ear is all you need to recognize the cry of help from a severely depressed man or woman or often now the very young adult. For these people and many alcoholics alerting the private physician or a compassionate clergyman may allow rehabilitation. For many people with language and reading disabilities who don't comprehend labels, even if they take the time to read them, a verbal warning may be an effective help. Surely you know individuals from various backgrounds who fear going to the doctor and dentist, yet buy every sort of OTC preparation. I have even considered that the volume of OTC drug sales may be interpreted as the failure of pharmacists and physicians to provide adequate support and service. In this day of automation, service with the personal touch is not only a professional responsibility it is also top salesmanship. The dissatisfied customer's most frequent complaint is paying for indifferent or bad service. As a knowledgeable health advisor your personal interest, safety pro-

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grams and record keeping could make you first port of call in tomorrow's community-based but government financed health team.

Pharmacists As Scientists

Without the high degree of self-discipline necessary to study pharmacy none of you would be here today, but how many of you are pursuing further scientific studies? How many of you are attempting to keep up with pharmacologic developments, toxicology, adverse reactions, therapeutic incompatibilities and report your own observations? I mentioned earlier that the retail pharmacist could expand his record keeping service of a family's drug purchases for the IRS to include recording adverse reactions. It was shown in a study at Johns Hopkins Hospital that 30% of patients who manifest an adverse drug reaction had had previous reactions. All of the statistics on adverse reactions, however, lack the perspective use and comparative effectiveness. Besides helping physicians and their patients, your customers, keep records of their reactions, you could provide the volume of this drug sold and the number of patients without reactions and with beneficial results. The relation to dosage or genetic group might also become apparent. There is danger that overpublicizing adverse drug reactions may cause both the public and physicians to choose less effective drugs and sub-optimal doses. The pharmacist with proper statistical data could prevent this therapeutic nihilism except where appropriate. The same factors hold for evaluating incompatibilities which at times will be idiosyncrasies in a minor portion of the population compared to the therapeutic benefits, but occasionally will be reason for public and physician alert. To be effective in such a scientific endeavor the pharmacist needs access to data processing supplied by a School of Pharmacy or of medicine, a hospital or

drug manufacturer. This should be investigated as everyone would gain needed information. Often the hospital pharmacist finds keeping abreast in drug research easier than those in retail positions but hospital populations are significantly skewed and cooperation with local pharmacies should be encouraged. Purer research can be done by the schools and manufacturers. As a self-appointed FDA agent you can become a drug consultant for the confused physician as well as the public. Well informed department store buyers are aware not only of the manufacturer's advertising but of Consumers Reports and of his service departments complaints. Similarly I foresee the active pharmacist subscribing to Clin-Alert and the Medical Letter as well as keeping his own records, the FDA and manufacturer comments. Hospital pharmacists may have time to specialize in abstracting current drug literature. The pharmacists working at the Poison Information Center have become informed toxicologists and often can deduce symptomatology and rational therapy of overdosage in new preparations. Others might choose Teratology or Premature and Newborn Pharmacology or Geriatric Pharmacology. A certain group of drugs such as cardio-vascular, anesthetic or antibiotic or the therapeutic incompatibilities or adverse reactions that I have so often mentioned because they are just now receiving due recognition. Besides data processing facilities your School of Pharmacy needs to be encouraged in setting up post graduate courses to stimulate and develop these fields of special interest and allow for further exchange of information. The Pharmacist as scientist has many possibilities of advancing drug therapy beyond empiricism based crudely on qualitative but little quantitative data. Can you imagine instead a cooperative network involving the pharmacologist, drug manufacturer, clinical research physician with hospital pharmacist

consultant; a community trial if appropriate with practicing physician validating significant reactions and benefits and pharmacists providing quantitative statistics? In other words, accurate numerators and denominators in comparative instance ratios related to disease, sex, age, genetic metabolic abnormalities and dosage as well as a severity classification. The FDA would then be an arm of communication qualifying clinically significant new reactions as probably or definitely drug induced from the available data and monitoring the lay press comments to encourage responsible scientific reporting rather than exaggerated scares. Along with the manufacturer they would be obliged to correlate community data and assist in more efficient reporting and data processing. Then I can imagine the pharmacist in a position to dispense many drugs while the patient was waiting for a physician evaluation, a first line local health depot with judicious referral to emergency centers, general diagnosticians, and specialists. This could radically change the present problems of OTC drugs some of which will be found quite ineffective when compared with congeners and others of equal therapeutic benefit will become obsolete due to frequency of reactions and/or incompatibilities. Number dispensed may be more strictly controlled to assure physician follow-up and decrease self-overdosage. In the interest of preventing drug abuse pharmacy hopping will be discouraged and referral letters requested. Cooperation will vary but in general the public espouses schemes for its own self-benefit.

Professional Manpower

Efficient utilization of professional manpower is undoubtedly one of the major problems of tomorrow and indeed is already with us but estimated to double its current proportions in the states within ten to fifteen years and triple or quadruple in less well devel-

oped countries. We can hardly procrastinate in developing the full potential of this professional staff or in imaginative planning for their maximal utilization. The aims of Federal Medical Care Financing and Regional Medical Programs is optimal health care for everyone in our exploding population (300 million by the end of the century). How close we can come to that goal depends on the extent of many individual efforts to increase their personal efficacy and point the way for colleagues and apprentices. Groups must abandon their traditionally conservative role of maintaining a status quo and plan pilot studies to bridge the scientific-social gap and to set up a framework for the efficient utilization of each member. I believe this to be as important an objective as the oft mentioned need for monitoring the quality of care by professional societies and governmental licensure. The pilot projects should be designed to improve both quantity and quality of care, but the idea that quality should be measured by the number of professionals involved is not reasonable. Thought must be given simultaneously to building a framework elastic enough to respond to social and scientific change which means constant post-graduate education to minimize gaps between research, clinical testing and availability to the general public. This must be a cyclic communication system and the rate of the process would necessarily vary with the benefits and risks. Nevertheless the pony express has been replaced by satellite television certainly those providing health services must examine which milestone has been reached and how rapidly we can advance. Fully employing modern technology is a challenge requiring creative thinkers with active teams. This is still a world of feudalism and barbarism, revolts and violence, and continuing to quote the pharmacologist, Irvine Page, "The scientific community must find ways to help re-

turn the world to sanity. Though numerically small we can have a disproportionate influence if we plan and work at it.

Conclusion

To summarize my ideas on responsibilities a pharmacist might assume with the OTC drugs I will enumerate

- 1) Give advice to the public interpreting labels and providing additional safety information.
- 2) Record the sales of these preparations and ask for a report on effectiveness and for reactions.
- 3) Plan programs for special groups in the community to increase their health information and safe use of drugs.
- 4) Recommend and distribute safety packaging for all medicine.
- 5) Refer patients to further medical care and help them obtain it appropriately.
- 6) Provide the scientific recording necessary to quantitate the value and dangers of different medicines and their combinations.
- 7) Subscribe to the drug literature and act as a consultant for the physician.
- 8) Consider special areas of interest and specialize in information on toxicity, therapeutic incompatibility advise reactions, teratology, premature-newborn or geriatric pharmacology or a particular group of drugs: cardiovascular anesthetic or antibiotic preparations.

If these concepts seem radical and not in keeping with the Physician/Pharmacist Code of Cooperation recently (October 12, 1967) adopted by the Medical and Chirurgical Faculty of Maryland and the Maryland Pharmaceutical Society, it is because with proper scientific growth your service to both the physician and public can be enormously expanded.

I don't know which of you are the flintstones but I hope my few thoughts will have generated enough friction to permit further evolution at an appropriate pace for the jet age. I leave it to you, your pharmaceutical societies and your school of pharmacy to refine any appropriate suggestions and to look for the really "groovy" ones I've omitted.

EMILY SEYDEL, M.D., Director
Md. Poison Information Center

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SCHOOL OF PHARMACY COMMITTEE

Chester L. Price has been named chairman of the School of Pharmacy Committee of the Association replacing Nicholas C. Lykos. Mr. Lykos tendered his resignation recently to President Friedman with regrets. Mr. Friedman noted that the committee had made great strides under the leadership of Mr. Lykos, expressing the thought that the committee would continue to do so under Mr. Price's direction.

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Further formulas and drugs used in dentistry may be obtained by consulting A.D.R. published yearly by the American Dental Association.

Alex Weiner Scholarship Memorial Fund

The many friends and associates of Alex Weiner have formed the Alex Weiner Memorial Fund in order to perpetuate the memory of Alex Weiner, member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association who passed away on February 12, 1968.

Proceeds of the fund will go for the establishment of a perpetual scholarship in the School of Pharmacy, University of Maryland. The scholarship will be given to a needy student of high character. Should there be a given year that the scholarship cannot be used, an award will be given to a member of the graduating class of that year. This will insure, according to the committee, that the program will be a perpetual one.

Mr. Weiner served on the faculty of the School of Pharmacy as an Assistant in Pharmacy.

"We have truly lost a Gem", Norman Schenker, chairman of the Memorial Committee declared, "there was a deep admiration for Alex by all those who knew him, by those he schooled with and by those whom he worked with during his many associations with different drug establishments throughout the city and county."

Donations towards this endeavor are tax-deductible. Checks should be made out to the *Alumni Association, School of Pharmacy* and mailed to Norman Schenker, 2807 Whitney Avenue, Baltimore, Maryland 21215.

Other members of the committee are Morton Pollack, Barry Statter, Philip Schenker, Irvin Albert, Noel Bosch, Harry Kreitzer, Nicholas Lykos and Isador Rachlin.

OBITUARIES

MILTON J. FITZSIMMONS

Milton J. Fitzsimmons, the 65th president of the Maryland Pharmaceutical Association passed away on March 19, 1968. Mr. Fitzsimmons served as President during 1948.

Born in Baltimore, he attended St. Mary's College and was graduated from the University of Maryland School of Pharmacy in 1920.

The securing of funds for the establishment of the headquarters building of the Maryland Pharmaceutical Association, the E. F. Kelly Memorial Building was undertaken during his administration.

Mr. Fitzsimmons operated two pharmacies before his retirement. He established the Patapsco Pharmacy on Main Street, Ellicott City, in the 1930's and sold the business in January, 1966.

From 1963 until 1966 he and Charles L. Young operated the McAlpine Pharmacy at St. John's Lane in Howard County.

Besides being a past president of the Maryland Pharmaceutical Association, Mr. Fitzsimmons was also a member of the Ellicott City Rotary Club, Maryland Historical Society and the Hibernian Society.

—o—

JOSEPH P. MITCHELL

Joseph P. Mitchell, 57, a practicing pharmacist for more than 30 years. Died Wednesday February 28, 1968 at his home 1324 Underwood Street, Washington, D.C.

Mr. Mitchell was a member of the Maryland Pharmaceutical Association, the Prince Georges-Montgomery County Pharmaceutical Association and the University of Maryland School of Pharmacy Alumni Association. He was a 1930 graduate of the school.

Mr. Mitchell was employed for 30 years by Peoples Drug Store in Silver

Spring, Maryland. At the time of his death he was an employee of the Pharmacy at George Washington University Hospital in Washington, D.C.

Besides his wife, he leaves two sons Joseph F. and Thomas C., a brother Charles and four sisters, Mrs. Mary Wolfe, Mrs. Eva Leister, Mrs. Victoria Kress, and Mrs. Anna Jessilonis, all of Baltimore.

—o—

JAMES BAILEY

James Bailey, who headed a large wholesale drug firm in Baltimore for many years passed away on Sunday, March 31, 1968. Mr. Bailey, who was 78 was active in his great-grandfather's drug firm, James Bailey and Sons. He retired after World War II.

The location of the business on Hanover Street, was later to become the site of the new Federal Office Building.

Surviving is his wife, the former Irene Stahl.

—o—

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References: (1) Siver, R. H.: CMD, 21:109, September 1954. (2) Frykman, H. H.: Minn. Med., 38:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., 1:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., 15:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., 58:2672-2673,

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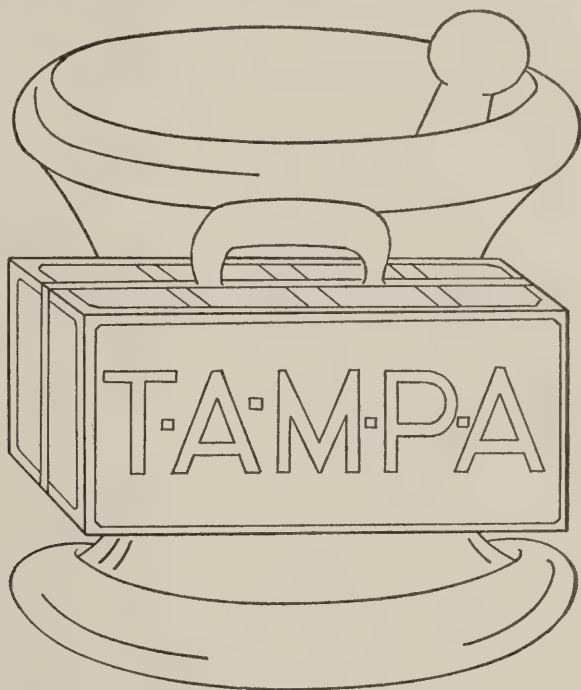


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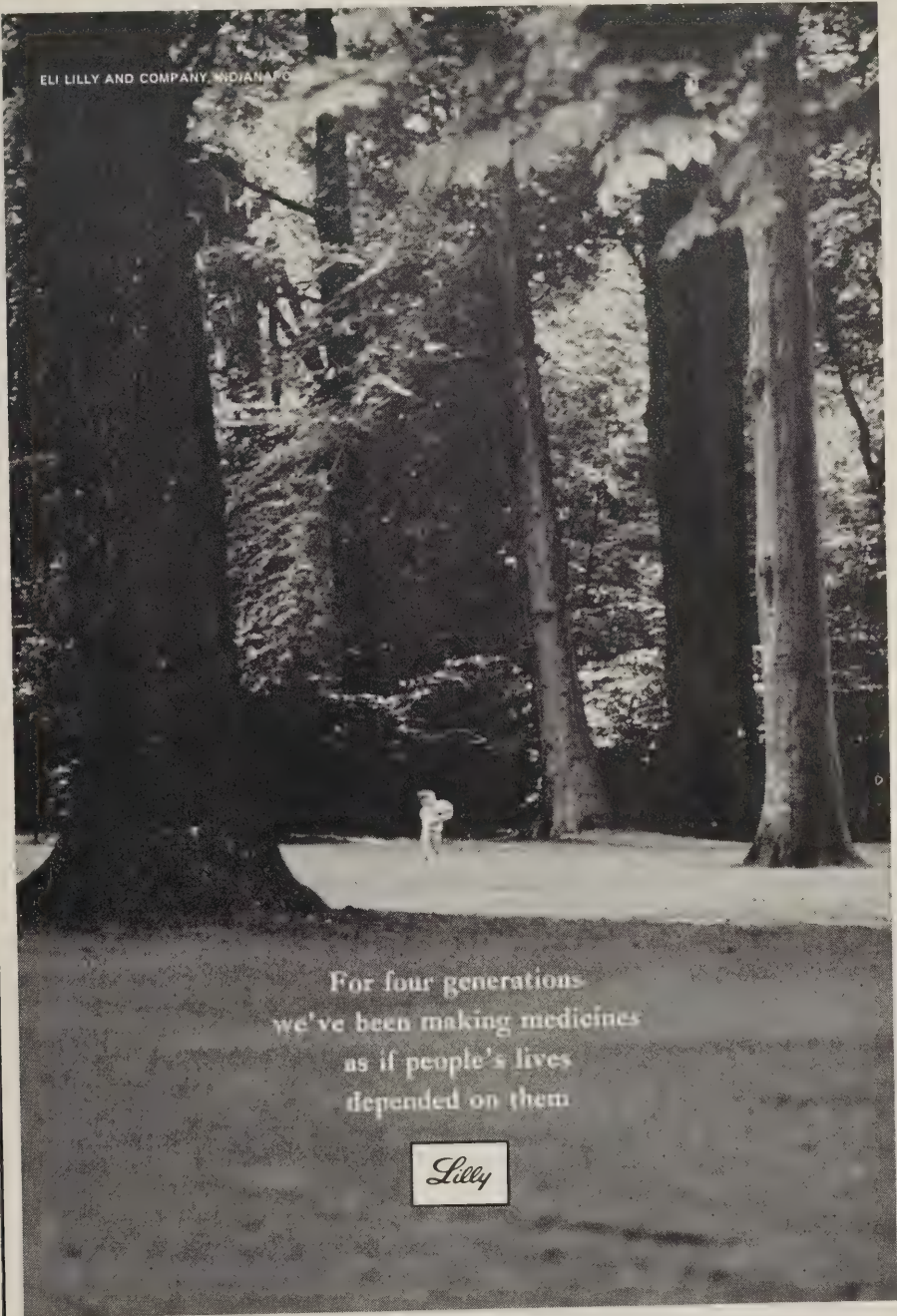
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The Maryland Pharmacist

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Volume XLII

APRIL, 1968

No. 7

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Editorial

Urban Crisis Impact and Responsibilities

The disorders of April 1968 dramatically brought home to us as never before that we live not only in one world and one country, but that there can be but **one community**. What happens in one place, what happens to even **one man**, inevitably affects **every man**.

The events we witnessed and experienced did not happen in a vacuum. Four hundred shameful years of history formed the foundation of the tragic human explosion.

As citizens in a democracy and as health professionals, we must give long and deep thought to social situations that affect our nation and our communities. We have the general concerns of all citizens and we also have the particular responsibilities involved in trying to provide an essential health care service to all members of our society where ever located.

Pharmacists, regardless of other services and products they may provide, operate their establishments primarily to furnish pharmaceutical services. Many gave dedicated service to the residents of the inner city for many years under trying conditions of neighborhood decay, burglaries, assaults, hold-ups, aggravated pilferage and broken windows. Insurance became difficult to obtain and rates escalated. Personnel, both professional and non-professional, became a problem to secure and retain. In spite of this, however, in most neighborhoods of the inner city, the pharmacist was the only health professional who remained to serve the residents.

The frustrations and disappointments of ghetto residents and the failure of society to meet their legitimate aspirations resulted in an archaic situation. Those who strove conscientiously to serve the people became indiscriminate targets of mob action as symbols of oppression and exploitation, along with those who were considered as not serving the people's best interests.

At the same time that we point out these facts, we must also recognize that any practices by some members of our profession that suggest anything but the best interest of the patrons of ghetto pharmacies, inflame the fires of dissatisfaction and militancy. Every pharmacist must review his intra-professional and inter-professional practices to assure himself that he participates in no activity that is motivated by pure self-aggrandisement to the detriment of his clientele.

Now, more than ever, all pharmacists must examine their establishments with a critical eye. Certainly it must be a fundamental that every pharmacy be readily identifiable outside and inside as a health care facility—a *pharmacy*. Health related services and products must be emphasized. All others must be de-emphasized so that there is no confusion or doubt that the pharmacist is dedicated to provide a medical care function.

By and large, pharmacists enjoy the good will of their patrons even in ghetto areas. Many people depend on their neighborhood pharmacists not only for their drug and allied needs, but also for many helpful services and advice. The destruction of pharmacies during "riots" have deprived the area residents of easily accessible and necessary sources for their prescriptions and related products.

Government officials on local, state and federal levels must have ready the required plans and resources to discharge their responsibilities for the maintenance of law and order. There must be the exercise of leadership to implement the safeguarding of lives and property.

The urban crisis that we are confronted with is not a matter that is the sole concern of the minority that is the apparent active participant. The black community (and in some places other minorities such as Puerto Ricans and American Indians) have a long history of discrimination and injustice at the hands of the dominant white group. Tremendous progress by lawful, non-violent means have been made in the last few years. However, the recent disorders are the evidence of the unacceptability of the pace of advance which has prevailed.

Protection of life and property, of course, must always be carried out by our authorities, but the solution for the sickness of our urban slums and rural poverty pockets will only come from a massive joint government-private sector assault on the root causes.

The President's Kerner Commission on Civil Disorders points to the underlying white racism with its discrimination that results in unemployment or menial jobs, poor housing, lack of education or sub-standard school facilities, malnutrition, disease, delinquency, broken homes, crime and the complete syndrome that finally becomes hopelessness, anger and violence.

We all had a share in the kind of society we have. Don't we have to share in the responsibility for trying to re-make our society?

All of us, as citizens in a democracy with a vital stake in its continuation, must contribute to the solution of this great human problem and moral challenge.

We must support the long overdue overhauling of the nation's approach to the black community and to all the poor of the land. Legislation and appropriations to provide the jobs, the housing, the education, the food and the medical care require our active backing to assure the realization of America's ideals—life, liberty and the pursuit of happiness—for all.

Support Your Associations

LOCAL, STATE, NATIONAL

"In Unity There Is Strength"

President's Message

Dear Fellow Member:

The recent session of the Legislature, and the attempts of the Office of Economic Opportunity to force an unfavorable medical center upon our community, has plunged our office staff and your officers into the most feverish activity ever before known to our Association. As a result, the *Maryland Pharmacist* has gotten behind in its publication dates, and we are now working hard to make up this deficiency. Hence, you will be receiving the back issues in the coming weeks, and hopefully we will again be current soon.

The costs of operation during these times of heavy activity and legal work have created great demands on our financial resources. I must urge each of you who have not yet paid his dues to do so at once. The funds are required. We cannot carry on the many efforts to protect your interests without adequate support from you.

I would also remind you of the Convention which will be held at the Shelbourne Hotel in Atlantic City, July 8-11 inclusive. Please make your arrangements early so that proper accommodations can be secured. This convention promises to be one of the greatest ever. Don't miss it. If you can't get relief, close up shop. You will come back so refreshed that it will be worth it, no fooling!

There are many problems facing us these days. We urge that you keep in touch with the Association office as we have been working on many of the problems which confront you and we probably have some of the answers you are seeking. If you have new problems about which we are unaware, then it is time we learned about them so that we can get into action and put the full weight of the Association to work behind them to seek solutions. Let's exchange ideas. It will be helpful to all of us.

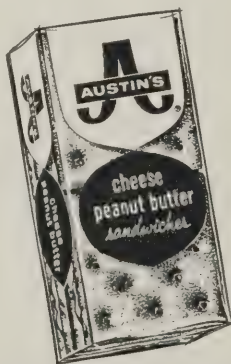
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Secretary's Script ...

A Message from the Executive Secretary

URBAN CRISIS—Pharmacy Casualties

More than 50 pharmacies were damaged to some degree during the civil disorders in Baltimore. About 20 were extensively damaged with several more totally burned out. Looting was reported by over 40. When the riots ended more than 20 pharmacies were closed. Twenty-one reported opening for partial service such as for prescriptions. Nine stated that they would not reopen and 5 were undecided.

Attempts were made with little success to secure military protection for pharmacies desiring to operate during the period of disorder. Authorities claimed that there was insufficient manpower to provide guards for every essential establishment such as pharmacies, food stores, gasoline stations and so forth.

Meetings were held with pharmacy owners from the affected areas. In addition, representations were made to local, State and Federal authorities. Conferences were held with representatives of other groups, insurance underwriters, the Small Business Administration and anyone that could possibly help the situation.

At the same time these contacts also involved planning to more effectively meet any future disorders. As in the past, all pharmacy owners are urged not to leave vital records in their pharmacies or to make copies. Important papers include inventory, taxes, insurance, leases and related items. In addition, it is advised that a minimum be kept of cash, narcotics, dangerous drugs and other inventory that might be targets.

Now, more than ever, attention must be given to emphasis on pharmaceutical services and de-emphasis on non-health related products. Let there be no room

for criticism of pharmacy as a health service profession as to appearance, regard for community interest and personal professional service provided to all patrons of pharmacies—"welfare" or private.

1968 Convention Programs

All pharmacists and our allied colleagues are urged to complete their plans to attend the 86th Annual Convention of the MPA, July 8-11 at the Shelburne Hotel, Atlantic City, New Jersey.

A cocktail party will welcome early arrivals Sunday evening July 7. The business session will begin Monday afternoon July 8th. A special program for the ladies will be held at 3:00 p.m. Monday featuring Reese Palley with a demonstration on the subject of his world famous bird ceramic sculpture.

Tuesday, Wednesday and Thursday mornings will feature programs vital to all in pharmacy, whether community, hospital distribution or manufacturing. Speakers include: Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists; Morris E. Blatman, Executive Secretary, Philadelphia Association Retail Druggists; Dr. William J. Kinnard, Jr. incoming Dean, University of Maryland School of Pharmacy; Donald E. Baker, Pharmacy Consultant, Regional Office, Department of Health, Education and Welfare; Noel Parris, Chief Pharmacist, Columbia Point OEO Comprehensive Health Center, Boston; William L. Ford, Executive Vice President, National Wholesale Druggists Association; and others. A program of "table clinics" will again be held featuring practicing pharmacists who will discuss "what works for them".

Entertainment will include special programs for the ladies and youngsters at the hotel and at the swimming pool. Monday night features admission to the new Smithville Music Fair. TAMPA will go all out Tuesday evening with a Carnival Deluxe and prizes galore. A Broadway show will be presented Wednesday evening followed by the President's Cocktail Party by Young Drug Products. Thursday evening will feature the Banquet preceded by the drug wholesalers cocktail party.

This is just a capsule view of a most entertaining as well as informative program.

Be a participating member of your profession. Attend and have a hand in formulating policies and decisions for the future.

Sincerely,

Nathan S. Gruy

Executive Secretary

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Pharmacy Calendar

July 8-11, 1968—86th Annual Convention, Maryland Pharmaceutical Association, Shelburne Hotel, Atlantic City N.J.

July 18-19—District of Columbia Pharmaceutical Association Convention, Washingtonian Country Club, Gaithersburg, Md.

July 21-25—Alpha Zeta Omega Pharmaceutical Fraternity 48th Annual Convention, Marriott Twin Bridges Motel, Washington, D.C.

July 30-31, August 1—Calvert Drug Company Holiday Gift Show. Blue Crest Fordleigh, 6307 Reisterstown Road, Baltimore.

August 8—TAMPA Annual Crab Feast. Don Devers, Edgewood, Md.

August 18-21 — Mid-Atlantic Holiday Show. Co-sponsored by The District Wholesale Drug Corporation, The Henry B. Gilpin Company and The Loewy Drug Company. Laurel Race Course Exposition Center, Laurel, Md.

October 6-10—N.A.R.D. Convention, Boston, Mass.

Pharmacy Changes

The following are pharmacy changes which occurred during the month of April, 1968:

New Pharmacies

Drug Fair No. 121, Milton L. Elsberg, President. 1225 Eudowood Plaza, Towson, Maryland 21204.

St. Agnes Hospital Pharmacy, Sister Alberta Beckwith, President. 900 Caton Avenue, Baltimore, Maryland 21229.

Change of Ownership, Address, etc.

Cockeysville Pharmacy, Jacob H. Sapperstein. 10255 York Road, Cockeysville, Maryland 21030.

No Longer Operating As Pharmacies

Consumers Pharmacy No. 73, Benjamin Rosensweig, President. 11111 Georgia Avenue, Wheaton, Maryland 20902.

Peoples Service Drug Stores, Inc. No. 159, G. B. Burrus, President. 7423 Annapolis Road, West Lanham, Maryland 20784.

—O—

A.Ph.A.

Annual Meeting Dates

San Francisco, California, has been selected as the host city for the 1971 American Pharmaceutical Association annual meeting, in an announcement made by APhA Board of Trustees Chairman Lloyd M. Parks. The dates for the 1971 meeting will be March 27-April 2.

The 1969 meeting is set for Montreal, Canada, May 27-23; and the 1970 meeting in Washington, D.C., April 12-17.



Drugstores only.
That's been our policy since we
introduced this package 40 years ago.
And we're not about to change it now.

Whatever we make, only you sell. Whether it's Bidette, Atha-Spray, Atha-Powder, Wash-Up, Youngs Nail Polish Remover Pads or Trojans. And that goes no matter what new product the Youngs



salesman might show you. It will be backed by the same reputation and protected by the same forty-year-old policy. And you'll still be the only one who sells it.



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Baltimore Metropolitan Pharmaceutical Association

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BMPA PRESIDENT'S MESSAGE

The year is flowing by at a rapid pace. Your Associations are working hard to represent your interests in all pharmaceutical matters. BUT we need your help. In spite of the vigorous programs being waged on behalf of the professional and economic interests of our members, the membership renewal record is lagging behind last year. If each of you reading this article would seek just one more member for the MPA and the BMPA, the task of your Committees would be infinitely easier. Your representatives speak from a position of strength only when we can point to a high percentage of DUES-PAID members.

Your Associations are called upon in time of need. We all need a strong Association, so please write that check today.

The priority agenda of the Baltimore Metropolitan Pharmaceutical Association includes:

1. Working with MPA on the OEO-Provident Comprehensive Neighborhood Health Center vendor program through community pharmacies.
2. Working with governmental officials, insurance companies and community leaders regarding the problems of pharmacy service to inner city areas. Protection of our pharmacies is our great concern, while striving to assure vital drugs to all.

Your program Committee has been hard at work building us interesting and informative programs. Watch your mail for notices of up-coming meetings, mark your calendar and COME! You and I will both be happier if you do.

DONALD O. FEDDER,
President



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NARD-Lederle Interprofessional Service Award

The NARD-Lederle Interprofessional Service Award, the national pharmacy scholarship award, co-sponsored by the National Association of Retail Druggists and the Lederle Laboratories Division of the American Cyanamid Corporation will be held again this year.

The award was first presented at the 1967 NARD Convention held in Houston, Texas.

Maryland Wins Honorable Mention

The Maryland Pharmaceutical Association's entry by Melvin J. Sollod and Gerald Y. Dechter of the Adelphia Terrace Pharmacy, Adelphia, Maryland received an honorable mention. Scrolls depicting the award were presented to them at a meeting of the Prince Georges-Montgomery County Pharmaceutical Association.

Details of the Project

The project developed by the two pharmacists in co-operation with the medical societies of Prince Georges-Montgomery Counties was the preparation of a booklet containing a list of physicians authorizing the transmission of their authorization of a HR2 drug prescription refill by their office assistant. A copy of the booklet was sent to every pharmacy in the two counties.

Objective of the Award

The objective of the award is to focus public attention on a retail pharmacist, who by his record of achievement has contributed notably towards the improvement and promotion of the interprofessional relationship between medicine and pharmacy.

Nature of Award

A scholarship grant of one thousand dollars in the name of the successful candidate will be presented to the college of pharmacy of his choice by NARD and Lederle. The awardee will also receive five hundred dollars to attend or send his representative to the annual NARD meeting where the grant and permanent plaque will be officially presented. The national runner-up candidates will be given appropriate scrolls recognizing their achievements.

Guidelines

The overall success of an activity or activities falling within the guidelines of the following are:

1. Initiating or promoting the "interprofessional relationship" theme and/or communicating its concept on a local, regional or state wide basis.
2. Organizing or working towards the establishment of an interprofessional relations committee to act as liaison between the professions.
3. Developing or aiding in the development of health projects which could be carried out jointly by the two professions for the betterment of the community.

Nomination Time & Procedure

Now is the time to place in nomination the name of an NARD member pharmacist in Maryland who appears to qualify under the criteria. The letter of nomination should be sent to Milton A. Friedman, president of the Maryland Pharmaceutical Association and should contain the candidate's name and home

address as well as the name and address of his pharmacy. The letter should include a full description of the candidate's inter-professional activities with copies of supporting data, such as newspaper clippings or correspondence, arranged in an orderly fashion. The Maryland Pharmaceutical Association's president in consultation with the president of the Maryland Medical Society will select one candidate to represent the state. The nomination will be submitted to a panel of physicians and pharmacists to be appointed by the American Medical Association and the National Association of Retail Druggists. Nominations must be in your Association's office by July 15, 1968 and in the hands of the judging panel by August 15.

What have YOU done
for **your** profession lately?

NARD Standing and Special Committees for 1968

The following members of the Maryland Pharmaceutical Association have been appointed on NARD standing and special committees for 1968 by George W. Wilharm, president of the NARD:

President's Advisory Committee: Milton A. Friedman.

Committee on Medicare and Welfare: Gordon A. Mouat.

Committee on National Legislative: Victor H. Morgenroth, Jr.

Committee on Interprofessional Relations: Irving I. Cohen.

Merchandising Committee: Harold M. Goldfeder, chairman.

Committee on Pharmacy Laws: Harry Greenberg.

Committee on Professional Retail Pharmacy Management: Stephen J. Provenza.

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Your Association Group Health Insurance Broker



Samuel L. Fox, M.D.*

*"Semper primus pervenio
maxima cum vi"*

The harbingers of doom abound in the pharmaceutical world! We read that Pharmacists must turn into practical nurses and administer injections to patients in the future, that they should become orderlies and open emporiums for the administration of colonic irrigations, and many other such non-sensical bits of advice. Those who give such advice do so under the guise of being great leaders who are trying to enhance the role of the Pharmacist. I submit that these are not the true leaders of Pharmacy; they are the dooms-men who fear that Pharmacy is truly "washed up" and, to hold onto their own spurious roles, they would transform Pharmacy into something that it never was and never should become.

The Pharmacist has a genuine role to play in the medical team, and he should prepare himself to assume that role and not try to become a new "something" for which he is not trained. In fact, to attempt to assume any of the roles mentioned above is to regress, not progress, into a field of lesser attainment and stature.

In Europe the Pharmacist has retained the name "chemist", and it is a pity that he has not done so in America. As I travel through our city and State, I am appalled by the outward appearance of so many of our drug stores. Signs advertising all manner of soft drinks, whiskey, cigarettes, etc. abound and the dignity of the drug store is completely obliterated by the junkshop appearance. No wonder that the average person comes to think so poorly of the stature of the Pharmacist!

Although I believe the method employed was under-handed and less than honorable, I am not surprised that our Federal bureaucrats in the Office of Economic Opportunity (the "Poverty Program") recently produced enlarged photographs of the neighborhood pharmacies in the area of the proposed Provident Health Center to show the ugly picture of what poor persons are expected to endure in getting their prescriptions filled. It was a sorry sight to behold, really, and I am certain that the Congressional Committee before which these photographs were displayed must have felt compassion on the residents of the area in question. It is little wonder, then, that our bureaucrats want pharmacy units installed in each and every health center sponsored with Federal funds.

I believe it is time that the Pharmacists recognize what they are doing to themselves . . . and stop trying to scream "foul" at every turn. The opportunity for practicing high-grade professional pharmacy in our neighborhood stores has never been greater. In 1900 the population of the United States was approximately 76 million; in 1960, it was more than 179 million. A child born in 1900 could look forward to an average life expectancy of not more than 50 years; a child born today can look forward to a life expectancy of slightly more than 70 years. This means that our population is not only growing by leaps and bounds, but that it is rapidly

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

ging. At the present time more than 5% of our population is over the age of sixty, and this percentage continues to rise each year. Disease and pathology is found in our aging population much more frequently than in those in the prime of life; hence, there is more need for medication. The number of prescriptions filled today is more than 100 times greater than the number filled in 1900; yet the number of pharmacists has not increased in any such proportion.

Our economy is at the highest level in the history of our Nation. There are literally no indigent patients who must depend upon the charity of a hospital dispensary for their drug needs. Governmental funds have been made available in one or another of the various programs for the poor, the elderly, the very young, and even the not-so-needy. The Pharmacist today has the largest market to serve in our history . . . and he gets paid for every professional service he renders.

Why, then, do so many Pharmacists persist in playing down their professional skills and in blighting the image of their profession?

Certainly, in dense areas of population in the inner city there is enough need for the professional activities of the remaining neighborhood drug stores without the unkempt picture which so many of these shops display as their hallmark. A few dollars invested in updating these shops into first-class pharmacies would pay large dividends. Those who have the foresight to do this will profit and their shops will remain viable; those who complain of their sad plight but do nothing to improve it will soon find themselves obliterated from the scene. The time to act is now . . . before it is too late.

"Always be first to act and with great force"

—O—



SERVICE FOR NEARLY 65 YEARS

BARRE is ever expanding its line in order to bring the pharmacist not only the most modern, up-to-date pharmaceuticals, but also many of those hard to find products.

In an effort to give even better service to the industry we have moved to our new plant.

Our new address is 4128 Hayward Ave., Baltimore, Md. 21215. Telephone 542-5272.

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4128 Hayward Avenue
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What kind of return pharmacists



Return-goods policy would write?

A practical one!

At Roche, we know that it takes a pharmacist to know what other pharmacists need. That's why there are over 21 pharmacists in management positions throughout Roche — marketing, sales management, sales service, to mention a few.

When the job of updating our return-goods policy came along, they put their heads together with community pharmacists and came up with the most logical one in the industry. Easy for you, and therefore easy for us.

Here are the key points:

1. Full credit for all outdated or discontinued Roche items in unopened containers; pro-rated credit for opened containers.

2. Full credit for any unopened Roche item in the current line and catalog.

3. Full credit for shopworn, deteriorated or otherwise unsaleable Roche merchandise in complete containers; pro-rated credit for incomplete containers.

These credits are available through your wholesaler for Roche items purchased from him.

For further information contact your Roche representative, your wholesaler or write to us.

That's it—straightforward, covers everything, and it's fair.

It's really what you'd expect, because when policy decisions are made at Roche, pharmacists are there.

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Volume 26

APRIL, 1968

No. 7

1968 Convention Committees

Contributions—John A. Crozier, Chairman; L. Scott Grauel, Martin Rochlin.

Publicity—Joseph Grubb, Chairman; Paul Mahoney, John C. Mahoney, B. Dorsey Boyle.

Banquet—Francis D. Watkins, Chairman; Ray D. Schroll, Frank J. Slama, John G. Cornmesser, William L. Nelson.

Registration—H. Sheeler Reed, Chairman; Lou Rockman, Kenneth L. Mills; John A. Crozier, Chairman Emeritus.

Prizes and Awards—Louis M. Rockman, Chairman; Herman Bloom, Joseph J. Hugg, Frederick H. Plate, Joseph Grubb.

Attendance — William A. Pokorny, Chairman; C. Wilson Spilker, H. Sheeler Read, Paul H. Friedel.

Entertainment — Kenneth L. Mills, Chairman; Herman Bloom, Lawrence A. Rorapough, Mrs. Frank Slama, Abrian Bloom.

Hospitality—Mr. & Mrs. Joseph J. Hugg, Chairman; Mr. & Mrs. William A. Pokorny, Mr. & Mrs. Kenneth L. Mills, Mr. & Mrs. H. Sheeler Read.

Sports—Francis J. Watkins, Chairman; Leo (Doc) Kallejian, William L. Nelson, John G. Cornmesser.

T.A.M.P.A. Night at the 86th Maryland Pharmaceutical Association Convention will be held on Tuesday evening, July 9, 1968 during the convention to be held at the Shelburne Hotel, Atlantic City, N. J. William A. Pokorny announced in releasing T.A.M.P.A.'s 1968 convention committee's.

The entertainment committee headed by Kenneth L. Mills, chairman, has been busy since January producing the show. T.A.M.P.A., L.A.M.P.A. members—if you can sing, dance or play an instrument, for an audition write to Kenneth L. Mills, 8509 Drumwood Road, Baltimore, Maryland 21204.

CONVENTION BULLETIN and ADVANCE REGISTRATION FORM

86th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

In conjunction with

THE LADIES AND TRAVELERS AUXILIARIES

SHELBURNE HOTEL, ATLANTIC CITY, NEW JERSEY, JULY 8, 9, 10, 11, 1968

The 86th Convention of the Maryland Pharmaceutical Association is being held at the Shelburne Hotel, one of Atlantic City's finest hotels, right on the boardwalk. All bedrooms and lobbies are completely air conditioned.

An outstanding Convention program including Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists and Dr. William J. Kinnard, Jr., newly appointed Dean of the University of Maryland School of Pharmacy will be presented. Entertainment to appeal to all has been arranged.

The following are HARD and FAST rules which are for the benefit of ALL, and for that reason must be adhered to by ALL:

REGISTRATION FEE: \$20.00 per person; No Registration Fee for members' children under 18. Covers all entertainment features, hotel facilities, free parking and free beach chairs at the beach and pool. Advance registration will assure prompt handling of reservations and avoid delay at the hotel desk. Advance registration fees shall be refunded in the event of cancellation.

HOTEL RESERVATIONS: Must be made through the M.P.A. CONVENTION HOUSING COMMITTEE, 650 West Lombard Street, Baltimore, Maryland 21201. No convention reservations will be accepted directly by the hotel. **ANYONE FAILING TO REGISTER WILL NOT BE ASSIGNED A ROOM.** All reservations must be made prior to June 30. We have choice accommodations for 600 persons.

ASSOCIATION DUES: If your dues have not been paid for 1968, you may include it for your respective organization on reverse side.

The important thing is to act promptly by filling out the registration form and mail it with your registration fee. Include the enclosed Hotel Reservation Form. Mail: 1) Advance Registration, 2) Check for Registration, 3) Hotel Reservation, to the CONVENTION HOUSING COMMITTEE, 650 W. Lombard St., Baltimore, Maryland 21201.

ADVANCE REGISTRATION FORM—DETACH AND MAIL AT ONCE

86th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

In conjunction with

THE LADIES AND TRAVELERS AUXILIARIES

SHELBURNE HOTEL, ATLANTIC CITY, NEW JERSEY, JULY 8, 9, 10, 11, 1968

Name _____

Address _____

Enclose please find check for \$_____ to cover registration(s) ONLY. Make check payable to the MARYLAND PHARMACEUTICAL ASSOCIATION CONVENTION. Official Badge, Program, Tickets, etc. will be ready for you at the hotel Registration Desk.

You may include a SEPARATE check in payment of your Association Dues which will be forwarded to your respective organization. The dues for 1968 are as follows:

Maryland Pharmaceutical Association

(Note: Active membership is limited to licensed pharmacists.)

Active and Affiliate

() Pharmacy owner or manager	\$50.00
() (Fee covers pharmacy and one pharmacist or manager)	
() Pharmacist (other than above)	25.00
() Retired pharmacist over 65, graduate students, and new registrant—for 1st year)	10.00
() Affiliate—non-pharmacist executive (other than above)	25.00
() Associate—non-pharmacist employee or representative	10.00
Travelers Auxiliary (TAMPA)	7.50
Ladies Auxiliary (LAMPA)	2.50

AVOID UNCERTAINTY—REGISTER AT ONCE

HOTEL RESERVATION FORM

1968 CONVENTION

MARYLAND PHARMACEUTICAL ASSOCIATION

In conjunction with

THE LADIES AND TRAVELERS AUXILIARIES

SHELBURNE HOTEL, ATLANTIC CITY, NEW JERSEY, JULY 8, 9, 10, 11, 1968

***DAILY RATES—MODIFIED AMERICAN PLAN**

(Breakfast 8 to 10:00 A.M.—Dinner 6 to 8:30 P.M.)

(Rates Include Dining Room Gratuities—No Tipping)

Singles	Twins and Doubles	Third Adult in Same Room	Child in Same Room With Adults
\$23.00	\$21.00	\$17.00	\$15.00

SUITES: A limited number of Suites are available. Rates on request. Avoid duplication by mailing only one application for each room or group of rooms desired.

Use Other Side For Additional Reservations

*Convention Rates Begin With Sunday Dinner and End With Friday Breakfast

Special attention is being given to the comfort, relaxation and entertainment of those who wish to make the Convention a real vacation. Convention rates apply July 5 - 14.

Mail this request to:

MPA Convention Housing Committee
650 West Lombard Street
Baltimore, Maryland 21201

Please make hotel reservations at:

THE SHELBURNE HOTEL

Number of room(s) with bath:

____ Single Room(s) ____ Double-bedded
____ Twin-bedded Room(s)
Room(s) Children under 12
____ Third Adult in Years of Age in same
same room Room with Adults

Date and Hour of Arrival _____

Date of Departure _____

The Name of Each Hotel Guest Must Be Listed Below

Confirm reservation to: _____

Address: _____

City _____

State _____

✓ The Shelburne is the Convention Hotel.
All meetings and entertainment will
be held at the Shelburne, except as
announced.

✓ No reservations will be accepted
directly by the hotel. Please use this
form in making all requests for reser-
vations.

✓ If necessary to change or cancel reser-
vation please notify the Housing
Committee at once. Hotel reservations
will be held until 6:00 p.m. unless
otherwise specified.

✓ Please print names of all persons for
whom room reservations are re-
quested, indicating occupants of each
single, double and twin bedrooms,
otherwise application will be returned
for completion.

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And Get an Eyeful of These Profits!

Special Summertime Deal . . . May 1 through July 31

COLLYRIUM with Ephedrine, Soothing Eye Drops

((Plastic squeeze bottles of 4 fl. drams))

You Buy	You Get Free	Your Price*	Customers Pay	Your Profit
11	1	\$ 5.72	\$ 10.68	\$4.96
21	3	10.92	21.36	10.44
60	12	31.20	64.08	32.88
116	28	60.32	128.16	67.84

Same great free goods deal and big profit margin on COLLYRIUM Soothing Eye Lotion

((Bottles of 6 fl. oz. with eyecup))

You Buy	You Get Free	Your Price*	Customers Pay	Your Profit
11	1	\$ 6.27	\$ 11.76	\$5.49
21	3	11.97	23.52	11.55
60	12	34.20	70.56	36.36
116	28	66.12	141.12	75.00

*Based on minimum direct order. Sorry, no assortments.



Wyeth Laboratories Philadelphia, Pa.



L.A.M.P.A. News

by Miriam Kamenetz (Telephone 944-0398)

The new Statler-Hilton Inn, at Annapolis, Maryland was the locale for the Spring Regional Meeting of the Ladies Auxiliary of the Maryland Pharmaceutical Association. It was a pleasure to explore the lobby and various public rooms of the Inn, the style of which is in keeping with the charm and history of our State Capitol. The early American decor is so warm and friendly and set the tone for our day.

Maryland's Government House Visited

The planned activities began with a tour of Government House. It was good for all of us taxpayers to see how nicely our money was used to refurbish the old mansion. Our group, of about fifty, was cordially met and escorted through the first floor public rooms by Mrs. Biehl, a secretary at Government House. We enjoyed being photographed on the beautiful winding staircase, which is the focal point of the entrance area. Upon leaving, we received the usual souvenir—a pencil, in the Maryland colors, with a message from Governor Agnew—"Pursue Excellence."

After a short walk back to the Inn, the Wine Tasting session was in full swing. Mr. Richard F. Kowaleski, Assistant Sales Manager for Standard Distillers Products, Inc. was the host and did a grand job of telling us about which, when and why to serve wine. The selection was varied and judging from the trays of empty glasses, we can say a good time was had by all. Descriptive literature and recipes were also available and all the gourmet cooks present availed themselves of the information.

Business Session

After a nice buffet lunch the business meeting commenced. At the conclusion of the meeting, prizes purchased with L.A.M.P.A.'s funds and all with Maryland

as their theme were given out to lucky members. They were all beautifully wrapped with care and in our State colors. At this point, the ladies were free to tour the shops and public buildings of quaint and interesting Annapolis. The local ladies, especially Mrs. Nathan Schwartz were on hand, willing and able to give us tips on where to go, and how to get there. We had a new member, Mrs. Irvin Levy of Annapolis, join our group and she too was full of information and directions. Upon returning from various locations, a little tired and hungry and with our treasures and brochures in hand, we found it was the "social hour" time, with good conversation and spirits. A delicious dinner was next with the presentation of the "BOWL OF HYGIEA" Award to Victor H. Morgenroth, Jr. by the A. H. Robins Company.

Another fine program, planned by our Program Chairman, Mrs. Harry Schrader and her hard working committee.

— 0 —

L.A.M.P.A. Officers

1967-68

- President—Mrs. Frank J. Slama
- 1st. Vice President—Mrs. Harry L. Schrader
- 2nd Vice President—Mrs. Charles E. Spigelmire
- 3rd. Vice President—Mrs. Irvin Kamenetz
- Recording Secretary—Mrs. Leo Bloom
- Corresp. Secretary—Mrs. Richard R. Crane
- Treasurer—Mrs. Albert Rosenfeld
- Membership Treasurer—Mrs. Manuel Wagner

Diabetes runs in the family...



... in a very special group of hamsters which has been under careful observation at our Metabolic Diseases Research Section since 1961. They're diabetic. They're very special because this particular strain of hamster, alone, most nearly mimics diabetes mellitus as it appears in

man. From this work, according to Dr. George Gerritsen, "We hope to learn how diabetes develops—what causes one animal to develop it while another doesn't. We hope to find something different which we can use to predict, before any symptoms appear, which one will become diabetic. Obviously, this will take many

years of hard work. We may never succeed, but it's our goal." Dedication is one of the constant, priceless ingredients in all Upjohn research for new and better pharmaceuticals.

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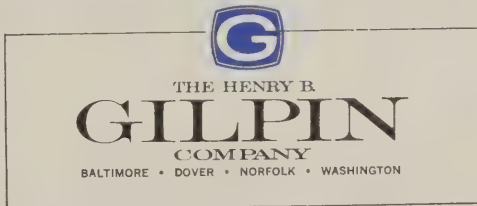
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Reading left to right: Ervin M. Koch, newly installed President and N. W. Chandler, Honorary President of the Prince Georges-Montgomery County Pharmaceutical Association.



Allegany-Garrett County Pharmaceutical Assn.

The Maryland Pharmaceutical Association's Antique Pharmacy Display was featured in the Allegany-Garrett County Pharmaceutical Association's booth at the Health Careers Fair sponsored by the Women's Auxiliary to the Allegany County Medical Society in Cumberland, March 25, 1968.

Samuel Wertheimer, president elect of the Maryland Pharmaceutical Association was on the steering committee of the Fair. William A. Cooley assisted in manning the booth.

Mr. Wertheimer in reporting on the Fair indicated that the Health Careers Fair was highly successful and hoped that it would be an annual event. Over a thousand high school youngsters were in attendance. Many girls showed interest in Pharmacy as a career.



Alpha Zeta Omega

Pi Chapter, Washington, D.C. will host the 48th annual convention of the Alpha Zeta Omega National Pharmaceutical Fraternity to be held at the Marriott Twin Bridges Motel, Washington, D.C. starting July 21st through the 25th.

Fraters from all over the country will have an opportunity to renew friendships, see the Nation's Capital and participate in the educational, fraternal and social programs of the convention.

Kappa Chapter, Baltimore has had an active year. In March, a joint dinner meeting for husband and wives. The 20th anniversary of the Ladies Auxiliary was held on April 7 at Eudowood Gardens. The chapter is looking forward to the National Convention in July.

Blood Bank Drive

Kappa Chapter's blood bank program is in need of blood donors. This is of great benefit to the fraters and their families. Fraters are asked to contact Edwin Pertnoy, Directorum to arrange for blood donations.

Pharmacy School Chapter

Jack Siegel has been elected directorum for the coming school year. Robert Gerstein will be the signare-excheque; Mike Apple, pledge master and David Roffman, bellarum.



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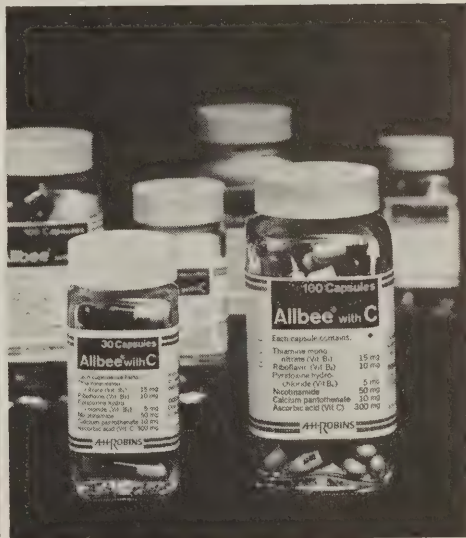
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'Bowl of Hygiea Award'



Courtesy Paramount Photo Service

Victor H. Morgenroth, Jr. was presented the 1968 A. H. Robins "BOWL OF HY-GIEA" Award at the Maryland Pharmaceutical Association Regional Meeting held on April 4, 1968 at the Statler Hilton Inn, Annapolis.

The award is given annually to a member who has been chosen by the Association in recognition of the dedicated public service and citizenship that helps bring health to every phase of community life by the recipient.

The presentation of the Award was made to Mr. Morgenroth by Mr. Norval D. Haught, Representative of the A. H. Robins Company.

Mr. Morgenroth was President of the Association 1962-63 and is currently serving as First-Vice President of the American Pharmaceutical Association.

Mr. Morgenroth joins the illustrious list of recipients in Maryland including Simon Solomon of Baltimore, Norman J. Levin of Pikesville, Gordon A. Mouat of Baltimore and Harold M. Goldfeder of Riverdale.

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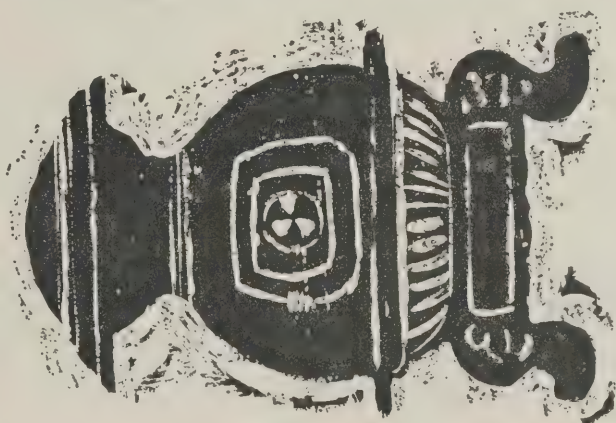
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Maryland Pharmaceutical Association Exhibit



Courtesy Paramount Photo Service

Maryland Pharmaceutical Association Exhibit at the 170th Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, April 17 through 19th. Scientific sessions were held at the Alcazar in Baltimore.

Reading from right to left, Stephen J. Provenza, vice president of the State Association; Donald O. Fedder, president of the Baltimore Metropolitan Pharmaceutical Association and member of the Executive Committee of the Maryland Pharmaceutical Association; and Paul Reznick, Assistant to the Executive Secretary, Maryland Pharmaceutical Association.

Interest was created by passing out of a table of drugs from a paper "Interactions and Side Effects of OTC Drugs" presented by Peter P. Lamy, Ph.D. to the eight annual Robert L. Swain Seminar held in Baltimore March 21, 1968. Dr. Lamy is Associate Professor of Pharmacy, University of Maryland. The list showed selected categories of OTC drugs which may cause interaction.

Among the members of the Association assisting in manning the booth and discussing pharmaceutical knowhow were Donald O. Fedder, Stephen J. Provenza, Milton A. Friedman, George J. Stiffman, H. Wilfred Gluckstern, Morris L. Cooper, Robert M. Henderson, Paul Reznick and Irving I. Cohen.



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Interactions and Side-Effects[‡] of OTC Drugs

by

PETER P. LAMY, Ph.D.* and LAWRENCE H. BLOCK, M.S.**

Introduction

Drug interactions present an extremely complex problem. This problem is compounded manyfold when one considers interactions of OTC drugs with legend drugs. While one can be reasonably certain of at least the active constituents of a legend drug, the composition and strength of an OTC drug are often vague or cannot be ascertained at all. The proliferation of OTC products, in turn, will make this problem even greater in the future. Table I shows the number of new OTC drugs that have been introduced in the recent past:

Table I
NEW OTC PRODUCTS, 1959-1965

Category	Number of New Drugs
Analgesics	112
Antacids and Gastrointestinal Products	137
Cough and Cold Products	343
Laxatives and Evacuants	70
Sleeping Aids and Tranquilizers	29
Tonics	106
Vitamins and Hematinics	529

The pharmacist must not only be aware of any possible interactions, but he must also be willing and able to communicate this knowledge to physicians and, more importantly, to the patient.

What is a drug interaction? This phenomenon occurs when the action of one

drug is modified by another drug which has been administered either prior to or concurrently with the first drug. A possible interaction due to concurrent administration is probably easier for the pharmacist to anticipate, if both drugs have been purchased from him at the same time. Interaction due to prior administration is more difficult to anticipate, since administration of one drug as much as two weeks prior to the administration of another drug may still alter the response of the second drug.

Drug interactions may arise from changes in the absorption, distribution, biotransformation and even elimination of one drug caused by another drug, be it a legend or OTC drug. Interaction does not necessarily denote incompatibility. Incompatibility can probably be defined as an "inability to be used together" because of antagonistic changes, such as precipitation, discoloration, and so on. Interaction, on the other hand, does not necessarily refer to antagonistic changes only. The known and useful interaction of aspirin with phenacetin and caffeine has been utilized for the patient's benefit for many years.

ANTICIPATION OF INTERACTIONS

What kind of interactions must a pharmacist anticipate? What kind of undesired effect may an OTC drug have if taken by itself, but in excess of the recommended dose?

A few examples might serve to illustrate the problem: Phenobarbital stimulates the metabolism of anticoagulants, leading to a rise in the patient's prothrombin level (Table II). A survey of the Red Book reveals that Pheno-

[‡] Presented to the Eighth Annual Robert L. Swain Seminar, sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, Baltimore, Maryland, March 21, 1968.

* Associate Professor of Pharmacy, University of Maryland School of Pharmacy.

** Graduate Fellow in Pharmacy of the American Foundation for Pharmaceutical Education.

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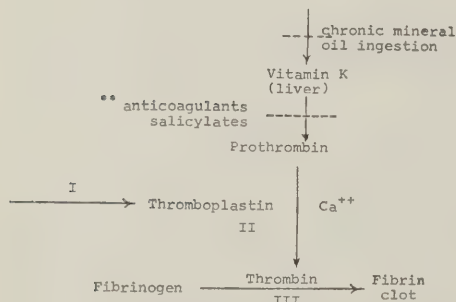
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barbital itself is marketed in combination with at least 16 other drugs, such as aspirin, aminophylline, atropine, coronary vasodilators, muscle relaxants, sodium nitrite, bromides and others. There are at least 460 such combinations available from which a physician may select a specific one. Of greater interest to the pharmacist, however, is the fact that there are approximately 35 combinations available that are sold without prescription. This, of course, does not apply to Maryland.

Table II

MECHANISM OF BLOOD COAGULATION



Blood coagulation may be considered to take place in three stages:

Stage I.—involves the formation of thromboplastin

Stage II.—conversion of prothrombin to thrombin in the presence of Ca^{++} and thromboplastin

Stage III.—catalyzation by thrombin of the conversion of fibrinogen to fibrin which forms the insoluble fibrin clot

**—phenobarbital enhances the metabolism of anticoagulants thus leading to increased levels of prothrombin, i.e. a decreased effectiveness of the anticoagulant.

The rate of elimination of some drugs depends on the urinary pH. For example, drugs such as the amphetamines (basic drugs) are excreted more slowly at a relatively high (basic) pH. If a patient, on amphetamine therapy, were to use sodium bicarbonate, his urinary pH could be raised significantly. This, in turn, would delay normal excretion of the amphetamine, possibly causing toxic effects. This would happen since the dosage of the drug is based on its rate of elimination. Obviously, if the dose is continued and elimination is diminished, a much higher, possibly toxic, blood level would occur.

OTC drugs may also, of course, cause undesirable effects in patients even when given alone. A case, for example, has been reported of a patient who suffered from swelling and pain in the fingers and hip. The condition was ultimately connected with the patient's consumption of one roll of Tums a day. Severe asthmatic conditions have been reported in a patient, who was hospitalized several times, before it was discovered that the attacks were due to his consumption of aspirin-containing OTC drugs.

Aspirin, in particular, is by no means the innocuous drug that most people have always assumed it to be. It has been shown that interactions of aspirin could be expected with

- Antianginal agents
- Antibacterial agents
- Anticoagulants
- Antifungal agents
- Antihypertensive agents
- Hypoglycemic agents, and
- Monoamine oxidase inhibitors

Antihistamines, if taken in doses larger than those recommended, can at times cause serious side reactions. There are currently marketed about 540 products containing antihistamines, of which almost 300 are OTC products. Probably, the most popular antihistamine currently is chlorpheniramine,

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which is present in at least 15 combinations which can be sold over-the-counter.

Many drugs are available as OTC preparations in a low dosage, but the same drug, in a somewhat higher dose, is available only on prescription. One might mention Coricidin and Chlortrimeton, Sudafed, Contac, and others. If information on specific products is lacking, "Martindale's Extra Pharmacopeia" (Rittenhouse Bookstore, Rittenhouse Square, Philadelphia, Pa.), "Clinical Toxicology of Commercial Products" (William & Wilkins, Baltimore, Md.), or "Handbook of Non-Prescription Drugs" (A.Ph.A., Washington, D.C.), may be helpful.

Table III lists some OTC preparations and the active ingredient in the particular dosage form which could be the cause of an interaction with a prescription drug.

Table III
SELECTED OTC PRODUCTS WHICH
COULD CAUSE INTERACTIONS WITH
LEGEND DRUGS

Key: 1—Alcohol; 2—Antihistamine; 3—Aspirin, Salicylates; 4—Sympathomimetic Amines, 5—Belladonna Alkaloids and Related Compounds.

Analgesics	
Ingredient(s)	Product
3	A.S.A. Compound
3	Alka-Seltzer
3	Anacin
3	Ascriptin
3	Aspirin
3	B. C.
3	Bufferin
2,3	Cope
3	Doan's Pills
3	Ecotrin
3	Empirin Compound
3	Excedrin
3	Fizrin
3	Measurin
3	Midol
3	Pabirin

3	P-A-C Compound
2	Pamprin
3	Phensal
5	Pre-Mens
3	Resolve
3	Stanback
3	Vanquish
3	Zarumin

Remedies For Bronchial Asthma,
Cough and Cold, Hay Fever,
and Rhinitis

a. Inhalation Products	
4	Adrenalin Chloride
4	AsthmaNefrin
4	Breatheasy
4	Bronkaid Mist
4	Epinephrine Sol'n
4	Medihaler-Epi
4	Primatene Mist
b. Liquids:	
2,3,4	Coldene
1	Creo-Terpin (25% Alcohol)
2,4	Noscomel
2,4	Novahistine, Novahistine DH
4	Orthoxicol
2	Robitussin-AC
2,4	Romilar CF
4	Sudafed
2	Super Anahist Cough Syrup
1	Terpin Hydrate, Terpin Hydrate with Codeine, Terpin Hydrate with Dextromethorphan (42% Alcohol)
2,4	Triaminic
2,4	Triaminicol
4	Trind
c. Nasal Sprays & Nose Drops	
4	Alconefrin
2,4	Bena-Fedrin
2,4	Contac
2,4	Drilitol
2,4	NTZ
4	Neo-Synephrine
4	Paredrine Sulfathiazole Susp.

2	Privine
2,4	Sinex
4	St. Joseph's Nose Drops for Children
2,4	Super Anahist
4	Vasoxyl

d. Tablets & Capsules

3,4	4-Way Cold Tablets
2,4	Allerest
2,4	Bronitin
4	Bromo-Quinine
2,4	Bronkaid
2,3,4	Cheracol Cold Capsules
2,4	Chexit
2,4	Citrisun
2,4	Colchek
2,4,5	Contac
2,3	Coricidin
2,3,4	Coricidin-D
2,4	Coryban-D
2,4	Dondril
2,3,4	Dristan
2,4	Fedrazil
2	Thephorin
2,3	Thephorin-AC
2,4	Theracin
2,3,4	Triaminicin
2,4	Tri-Span
2,4	Tussagesic
2,3,4	Ursinus Inlay-Tabs
4	Zantrate

Sleep Aids

2	Dormin
2	Nytol
2	Relax-U-Caps
2,5	San-Man
2,5	Sleep-Eze
2,5	Sominex

Antimotion Sickness

2	Bonine
2	Dramamine
2	Marezine
5	Mothersill's Remedy

POSSIBLE EXTENT OF OTC
DRUG INTERACTIONS

How many OTC products are being marketed? There is probably no complete list available. The Pink Book (Topics Publishing Co., 330 W. 34th Street, New York 10001) lists about 3000 manufacturers, 600 classifications and approximately 6000 products, although these are not all OTC drugs. The book includes toiletries, baby items and others, also. But, the book does give an indication of the vast number of preparations available. Just looking at laxatives, one finds at least 7 subdivisions, i.e., capsules, flakes, granules, jellies, liquids, pills and tablets. One also finds more than 200 products in this classification alone, with such exotic names as "Indian Husks," "August Flower," "Chief Two Moon Bitter Oil," "Dr. Peter's Gomozo," "Ozark Mountain Brand Compound," and many others. Obviously, even an experienced pharmacist might have difficulties in determining whether these compounds contain any ingredient which may cause the drug to interact with a legend drug.

Classification of OTC products by use would be helpful in anticipating interactions or possible side effects. Table IV lists a number of categories. To show the possible size of the problems that can confront a pharmacist, the dollar volume in sales for the year 1965 has been added.

How many interactions and side reactions will a pharmacist have to know? Supposing there are 4000 OTC drugs and 3000 legend drugs, and each OTC drug could interact with each legend drug. A simple combinatorial analysis will show that:

$$N = n_1 n_2 = 4000 \times 3000 = 12,000,000$$

Table IV

SELECTED CATEGORIES OF OTC DRUGS WHICH MAY CAUSE INTERACTION

Category	Interacting Ingredient	Dollar Volume (In Million)
Analgesics	Aspirin, Salicylates	760
Antacids	Calcium, Magnesium	82
Antihistamines		40
Cold Tablets & Capsules	Antihistamines, Aspirin, Belladonna Alkaloids	100
Cough Syrups, Elixirs, Expectorants	Alcohol, Antihistamines	119
Diarrhea Remedies	Clays and other Adsorbents	47
Laxatives	Surfactants	175
Motion Sickness Products	Antihistamines, Belladonna Alkaloids	16
Nasal Sprays & Drops	Sympathomimotic Amines	30
Sleeping Aids	Antihistamines	40
Tonics	Alcohol	99

Of course, not every drug would interact with a legend drug. Reducing this calculation to a more feasible level, one might mention fifty OTC drugs that contain antihistamines, such as cold preparations or cough preparations containing alcohol. Antihistamines are known to interact with alcohol in certain instances. Basing the new calculations on just these 50 OTC products, and again using combinatorial analysis, we can calculate the number of possible interactions. We arrive at 1225—1225 possibilities that there may be an interaction or an undesirable side reaction—but also 1225 chances for the pharmacist to exercise his professional knowledge and judgement and to warn the patient or physician of the possible danger of self-medication.

Over-the-counter preparations serve a useful purpose by the alleviation of symptoms resulting from minor ailments. It has been stated that a drug may be sold without prescription if (1) it is safe, (2) if adequate indications for use are available to the patient,

and (3) if adequate directions for use are included on the label.

However, self-medication implies self-diagnosis and relegation of posology to the patient. The Committee on Safety of Drugs for 1965 (England) stated that "The public should be made increasingly aware that no effective drug is entirely without hazard, even a drug which can be bought without a prescription. Doctors, for their part, should bear in mind that drug-induced illnesses may be the result of self-medication by the patient."

EXAMPLES OF INTERACTIONS

Many therapeutically undesirable interactions of OTC drugs with legend drugs (Table V) or of different foods with legend drugs (Table VI) have been published in the literature. Many of these are reported here, although in some instances the original report may be based on only one or two individual notes. It is the intent of this report to inform the pharmacist of any possible interaction.

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Table V

INTERACTION OF LEGEND DRUGS WITH OTC DRUGS

Legend Drug	OTC Drugs Which May Interact
Antianginal agents	Alcohol
Antibacterial, antifungal agents:	
Furazolidone	Alcohol
Griseofulvin	Phenobarbital
Sulfonamides	Ammonium chloride, aspirin and other salicylates, methenamine
Tetracyclines	Colloidal antacids (Ca++, Mg++, Al+++)
Anticoagulants	Alcohol, antihistamines, aspirin and other salicylates, mineral oil, phenobarbital
Anticonvulsants (hydantoin derivatives)	Phenobarbital
Antidepressants (see also "Monoamine oxidase inhibitors")	Adsorptive agents (e.g., attapulgit, bentonite, charcoal, colloidal antacids, kaolin)
Antidiabetic agents	Alcohol, aspirin and other salicylates, sympathomimetic amines
Antihistamines	Alcohol, sympathomimetic amines, sedatives (e.g., bromides; scopolamine and scopolamine aminoxide preparations)
Antihypertensive agents	Alcohol, antihistamines, sympathomimetic amines
Bronchodilators	Antihistamines, sympathomimetic amines
Cardiac glycosides	Absorbable antacids, drugs containing large amounts of calcium
Monoamine oxidase inhibitors (antidepressants, pargyline)	Adsorptive agents (e.g., attapulgit, bentonite, charcoal, colloidal antacids, kaolin), alcohol, antihistamines, sympathomimetic amines
Oxytocics	Sympathomimetic amines
Phenothiazine derivatives (antihistamines, antiemetics, tranquilizers)	Adsorptive agents (e.g., attapulgit, bentonite, charcoal, colloidal antacids, kaolin), alcohol, antihistamines, sedatives (e.g., bromides, scopolamine and scopolamine aminoxide preparations)
Sedatives, hypnotics, and tranquilizers	Alcohol, antihistamines, bromides, phenobarbital, scopolamine and scopolamine aminoxide preparations
Sympathomimetic amines	Antihistamines
Thyroid	Iodides, iodine-containing drugs used orally (e.g., iodochlorhydroxyquin)
Uricosuric agents	Aspirin and other salicylates
Vitamins, fat-soluble (A,D,E,K)	Mineral oil (chronic usage)



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Table VI

INTERACTION OF LEGEND DRUGS WITH FOODS

Legend Drug	Foods Which May Interact
Antianginal agents	Alcohol
Antibacterial agents:	
Furazolidone	Alcohol
Tetracyclines	Milk, dairy products
Anticoagulants	Alcohol, leafy green vegetables
Antidiabetic agents	Alcohol
Antihypertensive agents	Alcohol, foods containing pressor amines (e.g., beer, wines, aged cheeses, broad beans, pickled herring, chocolate, chicken liver), licorice
Cardiac glycosides	Milk, dairy products, licorice
Diuretics, oral	Licorice
Monoamine oxidase inhibitors (antidepressants, pargyline)	Alcohol, foods containing pressor amines (see list under "Antihypertensive agents")
Thyroid	Soy bean preparations, vegetables of Brassica sp. (e.g., Brussels sprouts, cabbage, cauli- flower, kale, turnips)

Antibacterial agents: The most important antibacterial agents interacting with OTC drugs or some food are furazolidone (Furoxone, Eaton), sulfonamides, tetracyclines and griseofulvin.

Patients being treated with furazolidone should be cautioned against alcohol intake after administration of the drug, since the patient can no longer tolerate alcohol. The pharmacist would do well to caution the patient not only against consumption of beer, wine or whiskey, but also against such preparations as alcohol-containing cough syrups or elixirs.

The concurrent administration of methenamine (Urotropin, Warner-Chilcott) with a soluble sulfonamide has been reported to result in the formation of a precipitate in the urine, which could produce renal blockade.

Simultaneous consumption of antacids, such as Gelusil, Amphogel or Maalox, and tetracyclines is contraindicated. These antacids contain aluminum, magnesium and/or calcium which form complexes with the tetracycline which are less readily absorbed than the free

drug. For this reason, the patient should also be cautioned not to drink milk when taking tetracyclines.

The duration and intensity of drug action can be affected by changes in the rate of metabolism of a drug. Phenobarbital, for example, has been shown to increase griseofulvin metabolism in man. This, in turn, could lead to decreased blood levels and inadequate therapy.

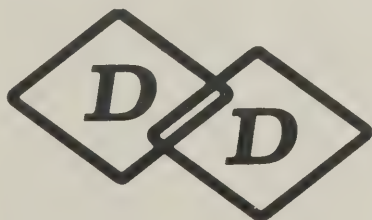
Anticoagulants: It has been well documented that concurrent administration of aspirin and other salicylates with anticoagulants may lead to severe hemorrhage.

It is not as well recognized that excess vitamin K may render coumarin derivatives ineffective, and that excess of this vitamin may accumulate in a patient who consumes large amounts of leafy, green vegetables. Patients who are being treated with anticoagulants should also avoid exposure to carbon tetrachloride, which is quite often used as cleaning fluid. Excessive drinking (of alcoholic beverages) will also necessi-

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tate a change in anticoagulant dosage required for effective control of clotting.

Finally, concurrent administration of anticoagulants and barbiturates should be avoided. Phenobarbital accelerates the metabolism of bishydroxycoumarin, which will result in decreased plasma levels of the anticoagulant. Sedative doses of phenobarbital have also been shown to antagonize the action of warfarin (Coumadin, Endo; Panwarfin, Abbott), which could lead to fluctuations in prothrombin levels.

Anticonvulsants: Evidence has been presented to show that phenobarbital stimulates the metabolism of diphenylhydantoin (Dilantin, Parke-Davis). Of course, concurrent administration of both drugs is an accepted and widely used therapy in epileptic patients. Nevertheless, should a patient on diphenylhydantoin therapy use OTC drugs containing phenobarbital, his physician should be informed of this fact and the patient should be warned. The possibility does exist that concurrent administration of phenobarbital, even at relatively low levels, may decrease the effectiveness of diphenylhydantoin therapy.

Antidepressants: The antidepressants most often implicated in severe side reactions or interactions are the monoamine oxidase inhibitors. Many of these are no longer marketed, but tranlycypromine (Parnate, SKF), phenelzine (Nardil, Warner-Chilcott), isocarboxazid (Marplan, Roche) and nialamide (Niamid, Pfizer) are still being used. Severe headaches, hypertensive crises, and, in some instances, fatalities have been reported following the ingestion of beer, wines, aged cheeses, broad beans, pickled herring, chocolate or chicken liver, by patients maintained on monoamine oxidase inhibitors.

Sympathomimetic amines have been available for self-medication as nasal decongestants and for relief of bron-

chostriction. As legend drugs, they are quite often used as appetite depressants. These drugs can evoke a pressor response which can be detrimental to a hypertensive individual. Patients receiving monoamine oxidase inhibitors and sympathomimetic amines concurrently may well develop a hypertensive crisis.

Antidiabetic (hypoglycemic) Agents: Chlorpropamide (Diabinese, Pfizer) and tolbutamide (Orinase, Upjohn) are incompatible with alcohol. Disulfiram (Antabuse)—like reactions following alcohol ingestion have been reported in about 10 to 20% of all patients maintained on oral hypoglycemic drugs. This reaction occurs more frequently with chlorpropamide than with tolbutamide, and can be alleviated by administration of an antihistamine one hour before administration of the hypoglycemic agent.

Aspirin has been shown to reduce the extent of serum protein binding of chlorpropamide. Thus, self-medication with aspirin by patients on chlorpropamide therapy might lead to hypoglycemia.

Antihypertensive Agents: Licorice, or as pharmacists know it, glycyrrhiza, is widely used by small boys, in confections and in flavoring of pharmaceuticals. Certainly, nobody would have suggested it as a product which could cause serious effects in a patient ingesting large amounts of it. Yet, it has been shown now that the continued use of licorice by hypertensive individuals might counteract the effect of antihypertensive medications. Certain constituents of licorice have been reported to have effects similar to those of the corticosteroids, e.g., hypokalemia and salt and water retention.

Certain antihistaminic agents can potentiate the cardiovascular action of norepinephrine. Thus, there is a potential hazard in the administration of antihistamines to patients already receiving monoamine oxidase inhibitors.



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use excessive amounts of any sympathomimetic amine in asthma. When patients who have been using excessive amounts of such drugs are given epinephrine, as could be the case in status asthmaticus, the resulting sympathomimetic stimulus might be so high as to lead to death.

Cardiac Glycosides: One of the factors which predisposes a patient on cardiac glycoside medication to the development of toxic side effects is electrolyte imbalance. Potassium loss and calcium accumulation increase the sensitivity of the heart to cardiac glycosides.

Patients who are being treated with cardiac glycosides and who are subject to gastritis could develop hypercalcemia due to excessive self-medication with antacids containing calcium. This can be avoided by the use of preparations such as aluminum hydroxide gel (Cremalin, Winthrop; Amphogel, Wyeth) or aluminum phosphate gel (Phosphaljel, Wyeth).

The pharmacist must caution his patient on cardiovascular drug therapy that the indiscriminate use of salt tablets, soda mint tablets, antacid preparations, or effervescent preparations for headache and indigestion can precipitate a crisis.

Sedatives and Tranquilizers: Patients maintained on sedative or tranquilizer therapy will exhibit greater CNS depression when the administration of these drugs is coupled with intake of alcohol. Serious impairment of coordination could readily occur with fatal consequences.

Thyroid Therapy: Cauliflower, Brussels sprouts, cabbage and turnips contain thio-oxazolidine which is thought to inhibit the production of thyroid hormone. Thus, the development of goiter might be a problem where these vegetables constitute a large portion of a person's diet.

High levels of iodine in the diet may suppress iodine uptake by the thyroid gland in the normal individual. Potassium iodate is used in bread and one slice of bread could contain as much as 150 mcg. of iodine. A normal individual would also probably ingest iodine in table salt. Prolonged self-medication with iodine (relatively large doses of iodides are employed in expectorants) may then bring about goiter with associated hypothyroidism.

Laxatives and Cathartics: There is a strong possibility that laxatives or cathartics might increase the excretion of a drug and thereby decrease its availability and effectiveness. Patients on drug therapy should be warned not to use cathartics or laxatives without their physician's advice.

Acidifiers and Alkalinizers: The magnitude and duration of the effect of weak organic acids and bases can be altered by changes in the urinary pH. Self-medication with proprietary products containing ammonium chloride (Cheracol, Upjohn; Ammoniated Brown Mixture, Pre-Mens, Purdue Frederick), sodium bicarbonate (Bromo-Seltzer, Emerson Drug, Alka-Seltzer, Miles) or citrates (Orthoxicol, Upjohn; Citrocarbonate, Upjohn) might lead to a change of the desired drug effect, leading possibly to lowered therapeutic effectiveness or even increased toxicity.

The Responsibility of The Pharmacist To The Patient With Respect To Self-Medication

APhA President George W. Grider recently stated: "Pharmacists are now concerned with prescription orders for patrons. This must change to a concern for patrons who have prescription orders." The pharmacist bears a responsibility to the patient—shared with the physician—for ensuring the maximum effectiveness of a therapeutic regimen. The interactions discussed in

the earlier sections of this paper point to the role of the pharmacist in preventing a therapeutic miscarriage. Symptomatic relief of headaches, "indigestion," premenstrual tension, etc., via self-medication is common practice. Yet the physician is seldom asked by his patient to recommend a product for such minor complaints. Consequently, the unsuspecting, unquestioning pharmacy patron is a hazard to himself. Increasing the information, relevant to side-effects, on the package label or insert does not eradicate the problem. Education of the patron to the point where he would ask his physician or pharmacist whether he may take a particular drug is necessary. The pharmacist's maintenance of complete patient record cards (listing drug idiosyncracies, allergies, medication currently being used, etc.) would enable him to better fulfill his responsibility to the patient.

—O—

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OBITUARIES

BERNARD STEINBERG

Bernard Steinberg, member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association passed away on May 13, 1968. He was 60 years of age.

A 1932 graduate of the University of Maryland School of Pharmacy he was also a member of the Alpha Zeta Omega Pharmaceutical Fraternity and the Baltimore Hebrew Congregation.

Mr. Steinberg conducted the Edison Pharmacy of Baltimore with his brother in law Jerome Stiffman, a past president of the Baltimore Metropolitan Pharmaceutical Association since 1947.

Surviving are his wife, the former Louise Stiffman, his son Rabbi Arthur Z. Steinberg, three brothers and three sisters and one grandchild.

—O—

ISADOR KARPA

Isador Karp, member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association died on March 28, 1968. He was 61.

Mr. Karp operated the Mount Royal Pharmacy on Mount Royal Avenue, near Calvert Street, for 30 years before retiring about five years ago.

Born in Baltimore, he was a graduate of City College and the University of Maryland, School of Pharmacy.

He is survived by his wife, the former Dora Wiener; a son, Dr. Jay Norman Karp of Baltimore; a daughter, Mrs. Marcia Crossman; two brothers Maurice and Jerome Karp of Baltimore; four sisters, Mrs. Lillian Fisher, Mrs. Sadie Kolman, Mrs. Hilda Gerber and Mrs.

Florence Greenberg, all of Baltimore and six grandchildren.

—O—

KENNETH F. LOVE

Kenneth F. Love, past president of the Travelers Auxiliary of the Maryland Pharmaceutical Association (1932) died March 25, 1968. Mr. Love also belonged to the Wedgewood Club.

A member of the board of directors of Stephen F. Whitman & Sons, the Philadelphia candy manufacturer, Mr. Love was associated with the company for 40 years. He was 77.

In 1960 when he retired from sales work in the company, he was named to the board of directors. He continued to work in Baltimore.

Besides his wife, survivors include his daughter, Mrs. W. Boyer Speed of Baltimore and a sister, Mrs. Ruth L. Riede of Baltimore.

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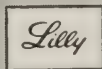
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Volume XLIII

MAY, 1968

No. 8

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The views expressed in **The Maryland Pharmacist** signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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Editorial

Needed: A Uniform, Fair Policy

It has become commonplace in the medical and pharmaceutical fields to blame the late Senator Estes Kefauver for alienating the public's opinion of medicine and pharmacy. The Kefauver investigation of drug prices is credited with giving drug manufacturers a bad image. Furthermore it has been repeatedly asserted that the "fall-out" from the investigations have brought criticism upon pharmacists as well for "the high cost of drugs."

Those of us who have been around for some time know that the general public has always grumbled about paying for drugs. An expenditure for a prescription or medication is the kind of purchase people just wish they did not have to make. In other words, regardless of the charge to the consumer, there will always be grumbling about the cost of drugs.

This matter is of vital concern to pharmacists because they are the ones in contact with the public. The money spent for drugs is paid to them. The drug manufacturers are distant anonymous persons. The neighborhood pharmacist is the convenient target.

To compound the untenable situation for the pharmacist, he has no control over the basic cost of the drug he dispenses, whose identity is determined by the physician in most cases because of prescribing by manufacturer or brand name.

The practice that exacerbates this issue is differential pricing. We refer to the great variance in the price the community pharmacist pays versus the price charged by manufacturers to hospital, government and even dispensing physicians.

The factor of volume purchases is recognized as valid—to a point. But the range between prices for various classes of purchasers cannot be fully justified on this basis.

A fundamentally **one price** policy for **all** purchasers must be established, with reasonable discounts for volume purchases under conditions available to everyone. Special "hospital" packages must be available to community pharmacists.

The private sector should not be forced to subsidize what some manufacturers consider their competitive, promotional or advertising activities directed to government, hospital or physician prescribers.

With the governmental sector assuming a greater and more dominant role in the totality of health care, it is important for industry to be concerned with the survival of the community pharmacist.

As for the pharmacist, he is willing to play on the team with the drug manufacturer. But there must be adherence to rules of fair play.

Pharmacists and leaders of industry must both do everything possible to assure that quality drugs are made available at the lowest possible cost within a fair, uniform and above board pricing policy.

This is the right approach, the fair approach, the wise and statesman-like approach. The alternative can only be greater governmental intervention in all aspects of the delivery of health services and products.

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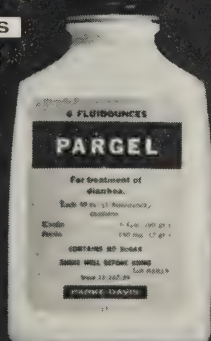
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President's Message

Dear Fellow Members:

"It's Your Ball"

The Officers of your Association have made National Headlines! "The Office of Economic Opportunity has given Baltimore pharmacists the go-ahead on their plans for developing an innovative drug program in conjunction with the OEO's new Provident Neighborhood Health Center. Agreement between the Baltimore pharmacists and the poverty program resolves a longstanding dispute over whether the Center should have its own full-service pharmacy or whether area druggists should provide pharmacy services to the Center's patients." Thus reports the N.A.R.D. NEWS.

Yes, it is true that the Maryland Pharmaceutical Association has made tremendous progress against great odds—However, we are warned that the timetable for launching the vendor program may be set back due to the damage to many pharmacies caused by recent rioting in Baltimore. This is true, but even more important is the answer to the question, "will those that were not burned out respond and carry the ball to see that our program is successful?" This is a matter which only you . . . the membership . . . can carry to success or failure.

The Provident Center is one of 44 such centers founded by the OEO to provide comprehensive health services to the poor. Twenty-six of these centers are already in operation, with 7 having some kind of vendor plan. Only 4 of 18 to be opened will have a vendor plan. We are unique in connection with the Provident Center, that this is the first time that a grant calling for an on-site pharmacy has been modified to permit the opportunity for a vendor system.

We voiced our opposition to a full-service pharmacy in the Provident Center as soon as it was proposed, and we were able to gain helpful support from Mayor Thomas J. D'Alesandro and City Council President William D. Schaefer. We also appeared before the House of Representatives' Small Business Committee, at which hearing our legal counsel, Joseph Kaufman, made an eloquent presentation of our position. Our witnesses cited a number of valid reasons to support our argument for a drug vendor program as opposed to an in-house pharmacy in the Center. After much argument, pro and con, a four-point program was agreed upon by the M.Ph.A. and the OEO:

- 1) A temporary center will be opened in a church in the target neighborhood. It will be in operation for 6 to 18 months. There will be a limited pharmacy service to provide drugs for use in diagnosis, treatment and in emergencies.
- 2) Title 19 patients will exercise their freedom of choice among the local pharmacies and the Provident Hospital Pharmacy in having their prescriptions filled.

- 3) Those not eligible for Title 19—some 20% of the area residents—will have their prescriptions filled either at Provident Hospital or at certain designated pharmacies participating in an approved pilot vendor program. The MPPhA, working with a consultant provided by OEO will develop the standards of service that pharmacies will be required to meet in order to participate in the pilot program.
- 4) In establishing a permanent facility, space will be set aside for an in-house pharmacy in the event the pilot program is not finally approved by all parties. If the vendor program is approved for the permanent facilities, all pharmacies will be eligible to participate if they agree to operate according to the final guidelines.

We have carried the ball and have won the games up to the finals. It is now up to you—the membership—to carry the ball and win the final game. It is up to you to see that **your** pharmacies qualify for participation in the pilot vendor program. Every effort must be made by **all** pharmacies both in the target area and outside to incorporate as many of the requirements of the guidelines as is possible. Time is of the essence if private pharmacies—community and hospital—are to remain in the picture in the face of government programs of OEO and other agencies.

MILTON A. FRIEDMAN
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Secretary's Script ...

A Message from the Executive Secretary

MEDICAID PROGRAM

With the expansion of the old "State Medical Care Program" to "Medicaid" it was apparent that huge sums of money would be involved to finance the program.

Prior to the beginning in July 1, 1967 of fiscal 1968, we were informed that the previously approved pharmacy fee of \$1.50 could not be implemented because of insufficient funds in the budget. Through the great effort of the MPA and its representatives, we were able to convince the officials concerned that the \$1.50 could be paid and it was.

At the beginning of 1968 the Governor appointed an Ad Hoc Special Committee on Health under Dr. Russell Nelson, President of Johns Hopkins Hospital to study the problem of Medicaid, hospital costs and the organization of health services. The Committee, without consulting us recommended a reduction of the pharmacy fee to \$1.15. (It was pointed out that under the dual \$1.00 and \$2.00 in effect prior to July 1, 1967, pharmacy fee schedule the average came to \$1.14).

Upon learning of this we immediately met with members of the Ad Hoc Committee and subsequently with Governor Agnew. We brought out in great detail the reasonableness and necessity for maintaining the current fee which is actually minimal. We also pointed out how utilization controls could save considerable money.

Because of budgetary problems and anticipated tax revenue decline, the

Governor has made cuts in the Medicaid budget. We are working literally night and day to see that pharmacy will be treated equitably by the Governor when the final decision is made.

Provident Neighborhood Comprehensive Health Center

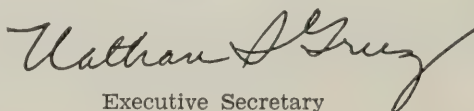
Temporary guidelines have been developed for pharmacies who have applied and have been selected for participation as pilot vendor pharmacies in the temporary target area in conjunction with the Temporary Center.

One important requirement is the implementation of a family record card system. This is a vital tool which should be instituted by every pharmacist who wishes to be identified with the health care of his clientele.

Convention 1968

A most informative, stimulating Convention with entertainment for all is planned. I join the officers and Executive Committee in looking forward to the opportunity of greeting you at the 86th Annual Convention July 8-11 at the Shelburne in Atlantic City.

Sincerely,


Executive Secretary

58,000,000
vacationers in
circulation
this summer

Good News

about products & profits from A. H. Robins

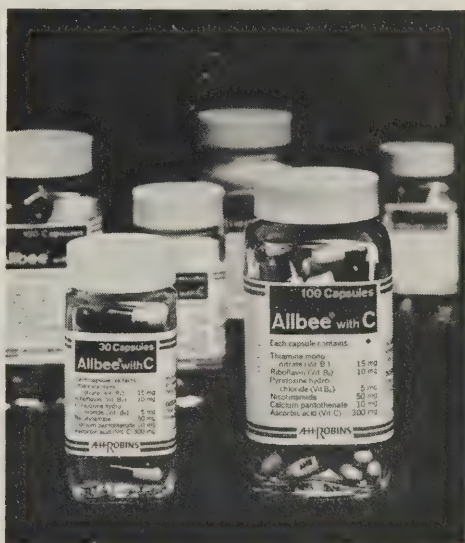
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Deal comes just in time for summer season.

During April and May, druggists everywhere will be getting ready for the coming traveler's diarrhea season. This year the deal is better than ever and your Robins representative will tell you about it soon. Also new are the new handy pre-packed counter displays that hold twelve bottles each. The one thing that is not new this year is the dependable Donnagel formula—it's the one thing that treats diarrhea and its discomforts.



Spring Allbee with C deal includes two sizes.

This is the season when Allbee with C, the all season vitamin, goes on deal. From April 1st through May 31st, both sizes will be on deal, the convenient month's supply of 30 capsules and the big economical bottle of 100. And this year your Robins representative will have a special offer for you. But we promised we'd let him tell you about that. Remember, Allbee with C is sold only in drug stores. A. H. Robins Company, 1407 Cummings Drive, Richmond, Virginia 23220.

Greetings from your Convention Chairman



SAMUEL WERTHEIMER

The many facets of Pharmacy will be probed at the 1968 Convention to be held at the Shelburne Hotel, Atlantic City, New Jersey, July 8-11, 1968.

On behalf of the Association, Convention Committee and myself, I welcome you to the Convention.

It's your convention! Make the most of it.

As you read of the Convention Program sessions elsewhere in the Maryland Pharmacist you will get the feeling that the program is really for you, that it has the practicing pharmacist in mind.

Entertainment, that you will remember fondly, will be yours for attending, a night at the Music Fair, Tampa Night poolside party, fashion show, and the famous boardwalk, the ocean and the glamour of the seashore.

Dr. Samuel L. Fox, pharmacist and physician will be the Toastmaster for the Annual Banquet of the Convention. Dr. Fox is a regular contributor to the *Maryland Pharmacist* through his column "As I See It."

My thanks to TAMPA, LAMPA, the Convention Committee and all of you for your wonderful cooperation.

— o —

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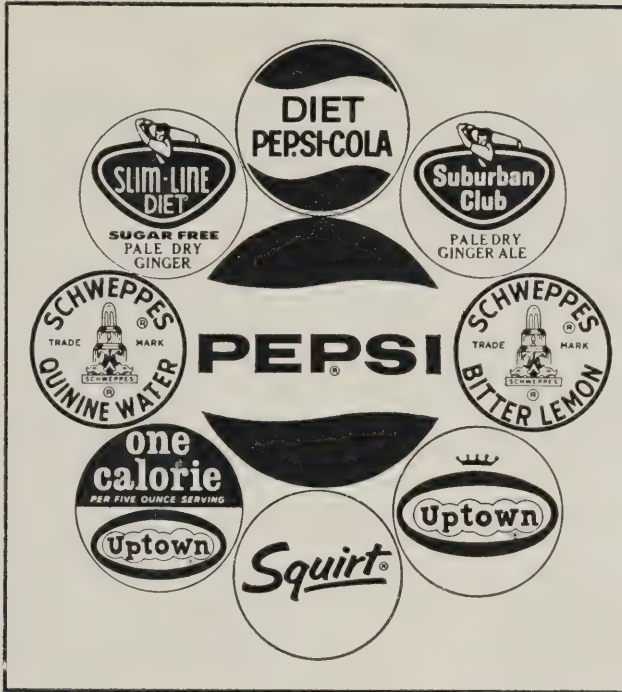


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L.A.M.P.A. President's Message

MRS. FRANK J. SLAMA

It is an honor and privilege as President of LAMPA to have this opportunity to greet the members and friends of our auxiliary.

The annual Maryland Pharmaceutical Association Convention, held in conjunction with TAMPA and LAMPA, will be held this year at the Shelburne Hotel, Atlantic City, New Jersey from July 8-11, 1968.

On Monday afternoon July 8, there will be a presentation and talk by Mr. Reese Palley on "Boehm Birds" (ceramic).

Tuesday afternoon, July 9, a poolside fashion show will be held followed by a weenie roast (and other goodies).

The LAMPA brunch and business meeting and installation of officers for the coming year, will be held on Wednesday, July 10. Also, at this time there will be presented by Mrs. Martin

Sopocy, President of the Ladies Auxiliary of the Illinois Pharmaceutical Association, an informative and entertaining talk on "Fragrances" and a discussion on "How To Make The Most Out Of Auxiliaries."

This Convention, besides being informative and interesting, will be both relaxing and enjoyable to everyone as a different type of entertainment is being planned for each evening.

Ladies, make every effort to attend, as from present indications this should be another outstanding Convention.

It was a pleasure to serve as your President during this year 1967-68.

Remember: L—Let's

A—Always

M—Move

P—Progressively

A—Ahead

— o —

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Convention Program Features

There will be a cocktail party and entertainment for early arrivals on Sunday, July 7.

Registration desk opens Monday 9:00 A.M.

Monday, July 8—First Session will be called to order at 2:00 P.M. with greetings from the Associations; Committee reports; report by Mr. Balassone, Secretary of the Maryland Board of Pharmacy. LAMPA will feature a talk by Reese Pally on "Boehm Porcelain Birds" in the afternoon. Monday evening we'll be attending the Smithville Music Fair "Grand Music Hall of Israel."

Tuesday, July 9—Second Session —

President Friedman will address the Convention and will be followed by a panel discussion on "The Pharmacist's Emerging Role in Health Care" with Morris R. Baltman, Executive Secretary of the Philadelphia Association of Retail Druggists; Joseph A. Oddis, Executive Secretary of the American Society of Hospital Pharmacists and Noel F. Parris, Jr., Director of Pharmaceutical Services, Columbia Point Health Center, Tufts University.

Tuesday's entertainment features will be a poolside picnic and fashion show at 2:00 P.M. and in the evening we will again have TAMPA's Carnival Night followed by dancing in the ballroom.

Wednesday, July 10—Third Session—

8:00 A.M. Breakfast Meeting—All Officers and Executive, State and local, followed by an address to the Convention by Dr. William J. Kinnard, Dean University of Maryland School of Pharmacy—"Pharmacy Education — The Road Ahead" at 10:00 A.M. William L. Ford,

Executive Vice President of the National Wholesale Druggists Association will talk to us on "Drug Wholesaler and Practicing Pharmacist — One Team." Morris R. Yaffee, Executive Committee Chairman will have a special report on "The Future of the Community Pharmacist" and Pharmaceutical Services in Hospitals and ECF's" will be discussed by Donald E. Baker, Senior Pharmacist, Division of Medical Care, Region III, HEW. Table Clinics where practicing pharmacists will participate will be chaired by Stephen J. Provenza.

LAMPA's Brunch and Annual Meeting will be held in the Coral Reef Room at 10:30 a.m. Wednesday. Feature: Eloise Sopocy of Illinois will speak on "Franchise."

Wednesday's Entertainment will be a gala Broadway Show in the Grand Ballroom followed by the Presidential Reception, courtesy of the Young's Drug Products Corporation.

Thursday, July 11—Fourth and Final Session — Memorial services will be held. Other activities will include the report of the nominating committee followed by election of officers and the executive committee. Election of nominees for the State Board of Pharmacy, new business, presentation and adoption of resolutions, a report on the Maryland Medical Assistance Program by Gordon A. Mouat and Donald O. Fedder will round out the Convention Sessions.

TAMPA Annual Meeting will be held Thursday morning, July 11 in the Diamond Jim Brady Room at 11:00 a.m.

Entertainment for Thursday evening will feature a Reception, Cocktail Party, courtesy of: Calvert Drug Company, District Wholesale Drug Corporation,

Henry B. Gilpin Company, Paramount Photo Service, Loewy Drug Company and the Washington Wholesale Drug Exchange. Following the reception, the Annual Banquet will be held in the Grand Ballroom with Dr. Samuel L. Fox as Toastmaster. Officers will be installed, with dancing the balance of the evening.

Banquet tickets will be available for those **not registered** at the Shelburne at \$10.00 per person.

Dinner will be served from 6:00 p.m. to 8:30 p.m. and breakfast from 8:00 a.m. to 10:30 a.m.

Donor of gifts, prizes and favors will be announced throughout the events of the convention.

— o —

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CONVENTION SPEAKERS . . .



DR. SAMUEL L. FOX

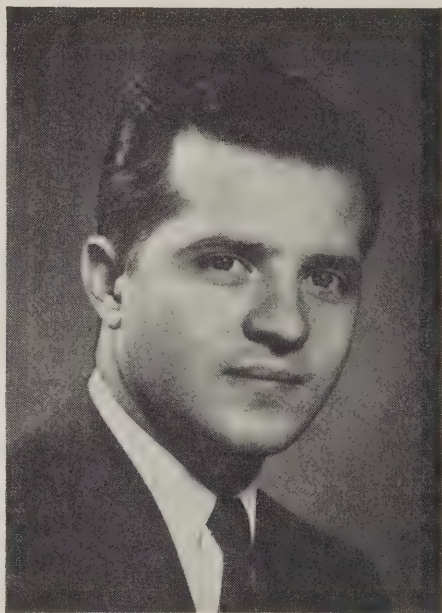
The Toastmaster for the Annual Banquet at the Convention of the Maryland Pharmaceutical Association is Dr. Samuel L. Fox, who is well known to the pharmacists of Maryland as a former pharmacist. He is now a regular contributor to **The Maryland Pharmacist** with the feature "AS I SEE IT."

Dr. Fox is a graduate of Baltimore City College and attended the University of Maryland School of Pharmacy, receiving his Ph.G. degree in 1934 and B.S. in 1936. He graduated from the School of Medicine in 1938.

He has an extensive background in ophthalmology and serves on the staff of six hospitals. He is Director, Department of Ophthalmology and Chief of Ophthalmology Services, South Baltimore General Hospital. In addition, he currently serves as Associate Professor of Ophthalmology, University of Maryland Medical School and Assistant Professor in Pharmacology, University of Maryland Medical School as well as Lec-

turer in Physiology, Dental School, University of Maryland.

Dr. Fox is a member of a long list of professional societies, including Diplomate of the American Boards of Otolaryngology and Ophthalmology. He is also a member of Rho Chi Pharmaceutical Honor Society. He is the author of more than 50 papers.



JOSEPH A. ODDIS

Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists, is a native of Greensburg, Pennsylvania. He received his B.S. in Pharmacy degree from Duquesne University in 1950.

Except for services in the U. S. Army, 38th General Hospital from 1951 to 1953, he was associated with a number of hospital pharmacies until 1956. He served as Chief Pharmacist, The Western Pennsylvania Hospital, Pittsburgh, Pennsylvania from 1954 to 1956.

Mr. Oddis was Staff Representative in Hospital Pharmacy, American Hospital Association, Chicago, Illinois from September 1956 to June 1960. From June 1960 to March 1962 he served as Director, Division of Hospital Pharmacy, American Pharmaceutical Association, Washington, D.C., as well as Executive Secretary of the A.S.H.P.

Mr. Oddis has held offices in The American Association for the Advancement of Science and many other groups. He has lectured at schools of pharmacy and held membership in many societies including Rho Chi Honorary Society in Pharmacy and International Pharmaceutical Federation.

Under his leadership the A.S.H.P. has increased in numbers and expanded its activities of service to all pharmacists and the drug industry.

As his panel subject Mr. Oddis will speak on "INSTITUTIONAL PHARMACY."



DR. WILLIAM J. KINNARD, JR.

Dr. William J. Kinnard, Jr. who assumed the position of Dean of the University of Maryland School of Pharmacy, will address the Convention on Wednesday, July 10, on the subject of "Pharmacy Education — THE ROAD AHEAD".

A native of Wilmington, Delaware, he received his B.S. in Pharmacy in 1953 and his M.S. in 1955 as a pharmacology major from the University of Pittsburgh. He was awarded a Ph.D. degree from Purdue University in 1957 in pharmacology.

Dr. Kinnard joined the faculty of the University of Pittsburgh in 1957, becoming Professor in 1966. During this time he was active on numerous academic and university committees. He received the Honors Achievement Award from the Angiology Research Foundation in 1965.

He is a member of many professional and honor societies including the American Pharmaceutical Association, Sigma Chi, and Rho Chi. He served on the Board of Directors of the Allegheny County (Pennsylvania) Pharmaceutical Association and is Governor, Province II, Kappa Psi Pharmaceutical Fraternity.

Dr. Kinnard specialized field of interest is in neuro-, behavioral and cardiovascular pharmacology. He is the author of 60 publications.

DONALD E. BAKER

Mr. Baker received his pharmaceutical education at the Ohio State University, earning a B.S. degree in 1950. His professional experience has included nine years as a community pharmacist in Ohio, five of which were spent as the owner of a pharmacy. Upon entering the U. S. Public Health Service, Division of Hospitals, in 1959, he was assigned as staff pharmacist at the P.H.S. Hospital in New Orleans and was later appointed Deputy Chief of Pharmacy Service at the P.H.S. Hospital in Seattle, Washington. His next assignment was Chief of the Pharmacy Service at the P.H.S. Hospital in Savannah, Georgia; then Chief of Pharmacy at the U.S. P.H.S. Supply and Service Center, Perry Point, Maryland.



DONALD E. BAKER

His present assignment since July, 1966, is that of Pharmacy Service and Drug Consultant, U.S. Public Health Service Division of Medical Care Administration, Region III, Charlottesville, Virginia. He is a commissioned officer in the Public Health Service and has the rank of Senior Pharmacist (Commander). He is a member of the American Pharmaceutical Association, the American Society of Hospital Pharmacists, the American Public Health Association, the American Hospital Association, the Maryland Association of Hospital Pharmacists and the Phi Delta Chi fraternity.

The topic of Mr. Baker's Special Report will be "PHARMACEUTICAL SERVICES IN HOSPITALS AND ECF's."

WILLIAM L. FORD

Mr. William L. Ford, Executive Vice President, National Wholesale Druggists' Association will address the Convention on the subject of "Drug Wholesaler and Practicing Pharmacist—One Team".



WILLIAM L. FORD

A native of Chicago, he served in the Army in the Pacific and Japan in World War II as an officer in the Corps of Engineers. He graduated from Northwestern University in 1950.

Mr. Ford was employed by McKesson-Robbins from 1950 to 1953, and was Assistant to the Operations Manager when he left to work for the Mountain States Employers Council in Denver from 1953 to 1958 as a labor negotiator.

He joined the staff of the National Wholesale Druggists' Association in September 1958 as Director of Research. He was subsequently made Secretary and Treasurer of the Association in November 1962 and on July 1, 1967 assumed the position of Executive Vice President of NWDA.

Mr. Ford is active in civic and church affairs and is an officer in the Northwestern University Alumni Club of New York.

Mr. Ford's address will be "DRUG WHOLESALER AND PRACTICING PHARMACIST—ONE TEAM".

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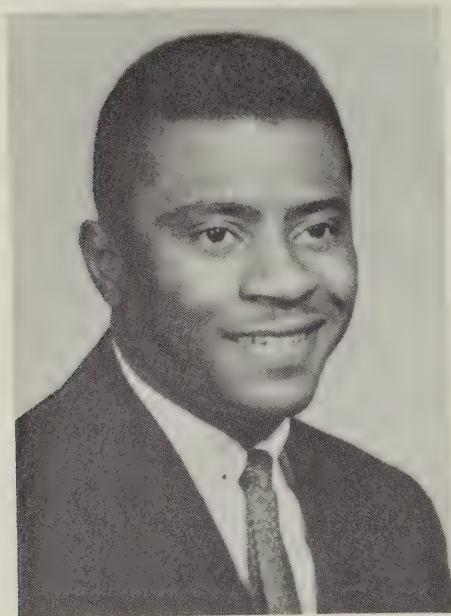
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NOEL F. PARRIS, JR.

Mr. Noel F. Parris, Jr. will bring the viewpoint of a former pharmacy owner now in charge of an "OEO" Center Pharmacy to the panel.

A native of Sharon, Massachusetts, and a graduate of the Massachusetts College of Pharmacy, Mr. Parris operated a community pharmacy in Boston until 1965. At that time he joined the Tufts University Columbia Point Health Center as Chief Pharmacist.

He was appointed to the Executive Committee of the Center, which is funded by the federal Office of Economic Opportunity and was promoted to Director of Pharmaceutical Services in 1967.

Mr. Parris works with high school boys at Columbia Point as counselor to try to stimulate their interest in medical careers. He serves on the Board of Public Health in Sharon.

Mrs. Parris is also a licensed pharmacist and health educator and works with him at the Health Center. Together they have sought to lift the profession of pharmacy to the status enjoyed by allied health sciences.

Mr. Parris recently presented a paper, "The Evolving Role of the Pharmacist" at the APhA Convention in Miami in May 1968.

"NEW DIMENSIONS FOR THE PHARMACIST IN PATIENT SERVICE" will be his panel topic.



MORRIS R. YAFFE

Morris R. Yaffe, past president and presently chairman of the executive committee of the Maryland Pharmaceutical Association will make a special report at the third session of the convention on Wednesday morning, July 10. Mr. Yaffe will speak on the "Future of the Community Pharmacist".

A native of Baltimore, Mr. Yaffe received his B.S. in Pharmacy from the University of Maryland in 1936. For the past eleven years he has conducted his own pharmacy—The Potomac Village Pharmacy, Potomac, Maryland.

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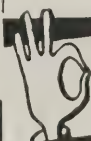
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He is one of the founders of the Prince Georges-Montgomery County Pharmaceutical Association and was elected its second president. He is an ex-officio member of the Pharmacy Services Committee of the State Council on Medical Care of the State Health Department.

Mr. Yaffe has been active on many of our Association committees. In April 1966, he was appointed to a five year term on the Maryland Board of Pharmacy.

Yaffe is married, his wife Edna in his own words has always and still is the indulging propulsion of his activities. The Yaffe's have three children and two grandchildren. Daughter Leslie is married, son Sam has received a fellowship to the Western Reserve University for research in Philosophy. Son Bruce is following in his father's footsteps, having recently completed the first year pre-pharmacy at the Montgomery County Junior College.

MORRIS E. BLATMAN

Morris E. Blatman, is a native of Philadelphia but moved to Wilmington, Delaware, at an early age. He graduated from Wilmington High School and then entered the Philadelphia College of Pharmacy & Science from which institution he received a Bachelor of Science Degree in Chemistry.

In 1938 he married Seldia Zonies a Pharmacist, and together they conducted a West Philadelphia community pharmacy while he returned to college and earned a Degree in Pharmacy.

Mr. Blatman is a past president of the Philadelphia Association of Retail Druggists. He is well-known for his talks on new drugs and is a frequent speaker on "Drug Abuse Education."

His hobbies include a large collection of pharmaceutical literature and many books on the History of Pharmacy including Formularies that go back to the early 1600's. He is a member of Beth Zion-Beth Israel Temple in center city



Philadelphia and a member of its Board of Directors.

Mr. Blatman is Past-President of the Metropolitan Pharmaceutical Secretaries' Association; a director of the Philadelphia Pharmacists' Federal Credit Union; Liaison Officer of the Adelpia Pharmaceutical Society, a member of the Governmental Pharmaceutical Services Committee of the American Pharmaceutical Association; member of the Board of Directors American Cancer Society, Philadelphia Division, Inc., and a member of Pennsylvania Pharmaceutical Association, the National Association of Retail Druggists and the American Pharmaceutical Association.

Mrs. Blatman is a Pharmacist and director of Pharmaceutical Service for the Philadelphia Geriatric Center which includes the York Houses and the Home for the Jewish Aged.

The Blatman's have two children, Julie Ann, now an elementary school teacher and Arthur Mark, a fourth year student at the Philadelphia College of Pharmacy & Science.

Mr. Blatman's panel subject is "ROLE OF THE COMMUNITY PHARMACIST".



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Merck Sharp & Dohme has a long tradition of leadership in pharmaceutical research . . . and continues its role as a developer of new drugs which result in significant increases in prescriptions. Just looking back on this past year, VIVACTIL® HCl (protriptyline HCl), MINTEZOL® (thiabendazole), and two important biologicals were among the major products to come out of MSD research.

In many instances, products with the MSD imprint on them have created entirely new drug markets without affecting the prescription rate of older drugs. Take INDOCIN® (indomethacin) as a case in point.

Here’s something else to keep in mind. In 1967, Merck Sharp & Dohme ranked among the top three pharmaceutical companies in dollar sales of prescription products. During the same period, the R. A. Gosselin National Prescription Audit showed eleven MSD products on the list of most-prescribed drugs — HYDRODIURIL® (hydrochlorothiazide), DIURIL® (chlorothiazide), TRIAVIL®, ELAVIL® HCl (amitriptyline HCl), and HYDROPRES® being prominent among them.

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Baltimore Metropolitan Pharmaceutical Association

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NOEL E. FOSS

B.M.P.A. President's Message

I have recently returned from the American Pharmaceutical Association's meeting in Miami Beach. Some of us sometimes wonder about the value of conventions. Do they really serve any function? Are they window dressing for our leaders—a place for them to parade their ideas and to get another blank check for the coming year!!!

I would think there is some truth in some of the allegations mentioned above, but, there are much more important truths that should be mentioned.

Conventions Serve a Real Need

Conventions serve a real need in all professional organizations. They serve as a forum for new ideas, as a place to hammer out positions on issues and possibly more importantly, they serve as a place for individual professional practitioners to meet with their colleagues to discuss methods of doing things and to get a fresh perspective on the current problems and issues of the day.

O.E.O. Health Centers

A thorough review of the O.E.O. Health Centers and pre-paid prescription plans was presented at the convention. We had the opportunity to hear Dr. James L. Goddard, Commissioner of the Food and Drug Administration, Martin Agronsky, nationally known news analyst and Senator Joseph M. Montoya of New Mexico.

We had an opportunity to see the manner in which a large organization handled the complex problem of scheduling simultaneous meetings and program in such a way that there was a minimum of conflicts. The logistics alone in handling 4000 conventioners is something to see!

Attend Your State Convention

I would like to recommend to each and every one of you to plan to attend at least one convention yearly . . . an excellent opportunity is awaiting you at the Maryland Pharmaceutical Association convention in Atlantic City July 8 through 11. Take Part of your vacation in Atlantic City this year. Join with your colleagues, participate in the discussions and the decisions that will affect us all in '68-'69 and the 70's.

Become one of the mysterious "they" that do things. You might find that you'll enjoy it!

DONALD O. FEDDER
President

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11	1	\$ 5.72	\$ 10.68	\$4.96
21	3	10.92	21.36	10.44
60	12	31.20	64.08	32.88
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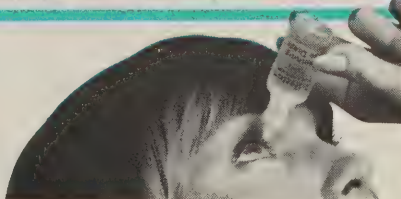
(Bottles of 6 fl. oz. with eyecup)

You Buy	You Get Free	Your Price*	Customers Pay	Your Profit
11	1	\$ 6.27	\$ 11.76	\$5.49
21	3	11.97	23.52	11.55
60	12	34.20	70.56	36.36
116	28	66.12	141.12	75.00

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Depend on Gilpin for what it takes, to help your pharmacy serve more effectively.



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Registration in the Georgian Lounge (Lobby) beginning Sunday, July 7—2:00 P.M.

SUNDAY, JULY 7

6:00 P.M. Cocktail Party for Early Arrivals

9:00 P.M. Entertainment

MONDAY, JULY 8

9:00 A.M. Registration Desk Opens

2:00 P.M. **FIRST SESSION** — Kerry Hall

2:00 P.M. Convention Call to Order—President Milton A. Friedman
Invocation

Opening Remarks—President Friedman

Communications

Committee Reports

Treasurer's Report

Report of the Board of Pharmacy—Francis S. Balassone, Secretary, Maryland Board of Pharmacy

Announcements Attendance Prizes Adjournment

ENTERTAINMENT FEATURES:

3:00 P.M. Ladies Program: "Boehm Porcelain Birds"—Talk and Demonstration by Reese Palley

8:30 P.M. Depart for Smithville Music Fair: "The Grand Music Hall of Israel."

Buses start loading 8:00 P.M.

Last bus leaves at 8:30 sharp—Show time 9:00 P.M.

All are urged to proceed to the dining room as early as possible in order to be served in time for the buses.

TUESDAY, JULY 9—SECOND SESSION—Kerry Hall

9:30 A.M. Call to Order—President Friedman

Early Bird Attendance Prize

Address of President Milton A. Friedman

Report of Executive Secretary—Nathan I. Gruz

Prize Drawings

Panel Discussion: "The Pharmacist's Emerging Role in Health Care"

Panelists: Morris R. Blatman, Executive Secretary, Philadelphia Association Retail Druggists, "ROLE OF THE COMMUNITY PHARMACIST"; Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists, "INSTITUTIONAL PHARMACY"; Noel F. Parris, Jr., Director of Pharmaceutical Services, Columbia Point Health Center, Tufts University—"NEW DIMENSIONS FOR THE PHARMACIST IN PATIENT SERVICE."

Announcements Prize Drawings Adjournment

ENTERTAINMENT FEATURES:

2:00 P.M. Poolside Picnic and Fashion Show

9:00 P.M. TAMPA Carnival Night

Prizes. Dancing in the Ballroom

WEDNESDAY, JULY 10—THIRD SESSION—Kerry Hall

8:00 A.M. Breakfast Meeting—All Officers and Executive Committee, State and local

10:00 A.M. Call to Order—President Friedman

Address: William J. Kinnard, Jr., Dean University of Maryland School of Pharmacy "PHARMACY EDUCATION—THE ROAD AHEAD"

Address: William L. Ford, Executive Vice President, National Wholesale Druggists' Association, "DRUG WHOLESALER AND PRACTICING PHARMACIST—ONE TEAM"

Special Reports:

"The Future of the Community Pharmacist"

Morris R. Yaffe, Chairman, MPA Executive Committee

"Pharmaceutical Services in Hospitals and ECF's"

Donald E. Baker, Senior Pharmacist, Div. of Medical Care, Region III, HEW

Table Clinics: Practicing Pharmacists Explain

Chairman: Stephen J. Provenza.

10:30 A.M. LAMPA—Brunch and Annual Meeting—Coral Reef Room

Feature: Eloise Sopocy of Illinois on "Fragrance"

Prizes and Gifts

ENTERTAINMENT FEATURES:

9:00 P.M. Gala Broadway Show. Dancing in Ballroom

10:30 P.M. Presidential Reception—Courtesy Young's Drug Products Corporation

THURSDAY, JULY 11—FOURTH SESSION—Kerry Hall

10:00 A.M. Call to Order—President Friedman

Early Bird Attendance Prize

Communications

Memorial Services

Report of Nominating Committee

Election of Officers and Members of Executive Committee

Election of Nominees for the State Board of Pharmacy

New Business—Resolutions

Report Maryland Medical Assistance Program—Gordon A. Mouat and Donald O. Fedder

Discussion Period

Prize Drawings

Adjournment of the Convention

11:00 A.M. TAMPA Annual Meeting—Diamond Jim Brady Room

1:00 P.M. Meeting—MPA Officers and Executive Committee

ENTERTAINMENT FEATURES:

6:00 P.M. Reception—Cocktails—Solarium

Courtesy of Suppliers: Calvert Drug Company, District Wholesale Drug Corporation, Henry B. Gilpin Company, Loewy Drug Company, Paramount Photo Service, Washington Wholesale Drug Exchange

7:00 P.M. Annual Banquet—Grand Ballroom

Awards Installation of Officers Dancing

PLEASE NOTE: Badges Must Be Worn At All Times.

Banquet Tickets Available for Those Not Registered at the Shelburne Hotel at \$10.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 8:00 to 10:30 A.M.

Dinner will be served from 6:00 to 8:30 P.M. except for the Banquet

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

• T.A.M.P.A. TATTLER •

OFFICERS OF THE TRAVELERS AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION 1967-68

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Volume 26

MAY, 1968

No. 8

T.A.M.P.A. President's Message



BILL POKORNEY

Once again Convention Time is here! T.A.M.P.A.'s participation at the annual Maryland Pharmaceutical Association Convention is without a doubt, the most important undertaking that we tackle all year.

This year, under the able guidance of Ken Mills (our first vice president) and his committee, plus the efforts of all the T.A.M.P.A. members, T.A.M.P.A. Night will be held on Tuesday, July 9th and our theme will be "Carnival Night". There will be group participation, wheels and prizes galore for all.

So, don't forget—we'll see you at Atlantic City at the Convention and on "Carnival Night".

T.A.M.P.A. Luncheon Presentation



Photo Courtesy, Paramount Photo Service
William A. Pokorney, president of T.A.M.P.A. (left) gives gift to Ab. Leatherman for being the oldest T.A.M.P.A.

member. Presentation made at Ladies' Day Affair held May 4, 1968.

—o—

TAMPA honored "the girl of your choice" at their annual *Ladies' Day Affair* held on Saturday May 4, 1968 at the Turf Valley Country Club.

An interesting lecture and demonstration by the Stieff Company of Baltimore was given following the luncheon. Williamsburg silverware reproductions were shown along with pewterware from Old Sturbridge and historic Newport.

—o—

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for **your** profession **lately?**

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**For Further Details
THE MID-ATLANTIC HOLIDAY SHOW
LAUREL RACE COURSE EXPOSITION CENTER
LAUREL, MARYLAND, AUG. 18-21, 1968**

**How does Roche
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closer to the
nursing
home?**



We ask pharmacists to help.

Just as we ask pharmacists working in various Roche management positions to help in every area affecting you.

They know that today the community pharmacist is called upon to render judgment and consultation in many special aspects of nursing home operation: equipment, medical supply, inventory control, record keeping and current pharmacologic data.

How to help you make the most of these responsibilities and opportunities is one of the key functions of our pharmacists.

Therefore, in cooperation with the American Pharmaceutical Association, they have developed information resources to help relate your professional services to the neighborhood nursing home. There are films, film-strips and manuals written and produced solely for the pharmacist. There are current drug information services.

All of these materials are available now from Roche. You may write or better yet—ask your Roche representative.

Because we know that pharmacy will play an even greater part in community service, Roche too will become more deeply involved. And when decisions are made, pharmacists will be there.



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L.A.M.P.A. Officers and Committee Members



Photo Courtesy, Paramount Photo Service

Annual Luncheon, May 21, 1968. Tail of the Fox, Towson, Md. Reading left to Right: Mrs. Richard R. Crane, corresponding secretary; Mrs. Harry Schrader, Chairman, Entertainment Committee; Mrs. Frank J. Slama, President; Mrs. Charles E. Spigelmire, 2nd Vice President; Mrs. Manuel Wagner, Membership Treasurer Mrs. Irvin Kamenetz, 3rd. Vice President and Mrs. Leo Bloom, Recording Secretary.

L.A.M.P.A. NEWS

Mrs. Frank J. Slama, president of the Ladies Auxiliary of the Maryland Pharmaceutical Association, presided at the annual Spring Luncheon held at the Tail of the Fox, Towson, Maryland on Tuesday May 21. The theme for this eventful affair: "Selections of '68." The red, white and blue colors were cleverly maintained from the colorful table arrangements to the beautiful wrapped door prizes. Many original and hand made gifts were contributed by the following talented members: Mrs. Richard R. Crane, Mrs. John C. Crozier, Mrs. Charles Neun, Mrs. C. Edward Pfeifer, Mrs. H. Sheeler Reed, Mrs. Harry Schrader, Mrs. Frank J. Slama, Mrs. Frank Swiss and Mrs. H. Nelson Warfield.

Fashion Show Highlights

The invocation was pronounced by Mrs. Manuel Wagner, and a delightful

lunch was served. Fashions from Franklin Simon featuring our own lovely ladies of Lampa included as models Mrs. Dorsey Boyle, Mrs. Morris L. Cooper, Mrs. James P. Cragg, Jr., Mrs. Harold Levin, Mrs. Gordon Mouat, Mrs. Anthony Padussis, Mrs. William Sechuk and Mrs. Gerald Sober.

The commentary was handled by the charming Mrs. Raymond Morstein, and at the piano was the gracious Mrs. Jo McKee Travers. Thanks to Mrs. Harry L. Schrader, chairman of the entertainment committee and co-chairman Mrs. Charles Spigelmire and to the entire committee for a job well done. Kudos to Mrs. Richard R. Crane and Mrs. Jerome Cermak for their special assistance, and to Mr. Herman Bloom, our V.I.P. from Paramount Photo Service, for giving so generously of his time and talent.

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CONTEMPORARY GREETING CARDS

MAXIMUM ALLOWABLE COST

One Aspect of Drug Payment Programs

Deserving the Attention of the Nation's Pharmacists.

Some proponents of expanded Medicare and welfare drug payment programs believe the government can save a lot of money by setting a *Maximum Allowable Cost* (MAC) for prescription drugs paid for under new legislation.

MAC is sometimes called a "reasonable price range." The avowed purpose is to limit Federal reimbursements for individual drug products.

Proponents have consistently advocated that MAC—if it's to work—must be backed up with at least three "companion" controls:

- A Federal drug formulary.
- A fixed fee for pharmacy services that generally disregards pharmacy-to-pharmacy variables.
- Acceptance of the unproven "generic equivalency" theory.

Unfortunately, MAC—when its full implications are studied—is not a realistic approach to meeting the nation's need for pharmaceutical services.

MAC contradicts the goal of seeing that each patient gets the very best in medi-

cal care, by interfering with the physician's choice of drug products.

In addition, MAC and its companion controls encumber medical care programs with (1) administrative requirements that are expensive to carry out and (2) restrictions that are often difficult to enforce or manage.

Can MAC *really* save money? Can it *really* accomplish its one purpose?

Everybody favors economy. However, recent studies conducted by SK&F determined that MAC can save less than a nickel on each dollar paid for prescription drugs—but *this saving would be more than wiped out* by administrative costs of programs like those proposed up to this time.

**In short,
MAC would actually result
in an increase
in the costs of drug
payment programs.**

Importantly, cost and administrative controls set up for new Federal programs are expected to become guide-

lines for *all* "private" plans This means MAC can ultimately determine what medications will be prescribed and dispensed to an estimated *70 million Americans* covered by drug payment programs within the next few years.

The enormity of the administrative burden—which could fall squarely on pharmacists' shoulders—is apparent when it's realized that *between one-third and one-half of all Rx's* filled at community pharmacies soon may be covered by drug payment plans.

Enactment of expanded Federal drug payment legislation may be only a matter of time. The real question now seems to be: what *kind* of law will be passed?

As these new drug payment programs evolve, it is important that patients, physicians, pharmacists, and the public join in seriously deliberating the issues.

One major issue is Maximum Allowable Cost.

What SK&F Believes

A positive, realistic approach to a sound and workable drug payment program must preserve certain important principles. It should:

- Maintain the physician's right to prescribe drug products of his choice. This right should not be restricted by a government drug formulary or Maximum Allowable Cost.
- Insure the patient's right to select the pharmacy of his choice.
- Eliminate the threat of government pharmacy facilities replacing local pharmacies.
- Adopt beneficiary identification methods that avoid confusion about eligibility.
- Utilize the easy-to-administer "co-pay" deductible (for example, a small charge of 75¢) on each pre-

scription, rather than the complicated "corridor" deductible whereby the patient pays all costs up to a predetermined amount (\$25, for example) before he is eligible for benefits.

- Use the most efficient and practical method of processing claims. Many experienced experts believe the most expedient way to handle individual claims—which could total hundreds of millions of Rx's annually—would be to consign responsibility for filing them to the dispensing pharmacists.
- Quickly reimburse claims—and keep the cost of processing them as low as possible.
- Include effective utilization controls to avoid abuses.
- Be designed on the basis of actuarial data that assures the program is realistic from a financial standpoint.



Samuel L. Fox, M.D.*

Is the Neighborhood Pharmacy Passe?

The new president of the Association of American Medical Colleges, Dr. John Parks, recently stated, "The forces that replaced the corner grocery with a supermarket are also at work in medicine, as they are everywhere else in our economy. This tendency should not be deplored but used. Ultimately, our population will not be served by the solo practitioner but by groups working in complex medical centers. Centralization offers promise of delivering better medical care to more people more efficiently." Thus spoke the Dean of the George Washington University Medical Center. He further pointed out that centralization in medicine (which includes pharmacy) has received a powerful impetus from the Federal Government's regional health programs. Dr. Parks, as well as the deans of many of our medical and pharmacy colleges, believes that changes in medical education and practice are going to be far-reaching, probably irreversible, and much to the good under the new health center concept.

Where does this leave the solo practitioner in medicine and the neighborhood independent pharmacist? Well, I don't believe the clouds are quite so black as pictured. As I have pointed out previously, the public wants good health care, they want it promptly when needed, and they want it at a price they can afford. The medical schools are fast learning that they cannot provide health center care without large appropriations from the governmental agencies they serve. Dr. Parks makes this point very clear: "Medical schools can no longer afford to give free medical care . . . The services (of clinician teachers) is in such great demand that they have to be reimbursed". At George Washington University a clinical practice plan was launched last July at its medical center. The University Clinic is operated as part of the medical center, with all professional services (both ambulatory and in-patient) being billed through the clinic and collected by it.

Under any such arrangement, the cost of medical care can only go up. With the pharmacy a part of the health center, a great threat is presented to the licensed neighborhood pharmacist in the community served by the health center. Of necessity, the cost of drug medications will also rise. The personal relationship which should exist between patient and pharmacist will suffer, just as the personal relationship between patient and physician will suffer. These health centers, like our hospital emergency rooms, take on an air of extreme impersonality. The patient represents an immediate challenge—a job to be done—and the sooner the job is completed, the more efficient can the facility be operated. On the other hand, the patient will be duly impressed with the professional atmosphere of the center (including the pharmacy) and of its well-equipped and professionally operated departments. This is sorely lacking in most neighborhood pharmacies, I

*Dr. Fox graduated from the School of Pharmacy in 1984 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

am sorry to say. In fact, I recently toured the inner city and had difficulty in identifying some of our drug stores by their outward appearances. Entering them, the task of identification was even more difficult.

It is time for a change . . . a change in our retail neighborhood drug stores . . . a change that will re-establish them as apothecary shops where professional service can be counted on to supply the drug needs of our population. Bruce Barton once said, "When you are through changing, you are through". And so it is with our drug stores. The changes which involved over the past three decades were not progress, they were simply change. Now it is time to take a second hard look and to re-affirm pharmacy as a para-medical profession whose prime purpose is service to the sick. This is not a time to stand pat to save face; this is a time to evaluate and effect change to meet the challenges of our times.

I would cite you the words of the immortal Marshall Foch: "There are no hopeless situations; there are only men who have grown hopeless about them."

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James W. Roberts, Sr. Retires from Gilpin

Following the announcement by James W. Roberts, Sr. of his retirement, James E. Allen, on behalf of the Gilpin Board of Directors, presented Mr. Roberts with a special, engrossed Resolu-

tion in recognition of his distinguished career with The Henry B. Gilpin Company since 1919 as salesman, Sales Manager, Branch Manager, Vice President, President, and Chairman of the Board.

At the annual meeting on April 2, 1968, James E. Allen was elected Chairman of the Board and President. Mr. Allen began with the firm in 1940 as a sales representative and later became executive Vice President, and President in 1957. He is a past President of The National Wholesale Druggists' Association, The National Association of Wholesalers, and The National Drug Trade Conference.

Additional Gilpin officers are: Rutherford B. Duncan, Jr., Vice President; W. Luther Skinner, Jr., Vice President; William H. Whittlesey, Treasurer; Charles O. Robinson, Secretary; Ada B. Keirle, Assistant Secretary; and Mary E. Swink, Assistant Secretary. Members of the Board of Directors are: James E. Allen, Leon Chatelain, Frank B. Ober, James W. Roberts, Sr., and Charles O. Robinson.

Founded in 1845, The Henry B. Gilpin Company is celebrating its 123rd year in the service wholesale drug business, and operates wholesale drug distribution centers in Baltimore, Maryland; Dover, Delaware; Norfolk, Virginia, and Washington, D.C.—serving pharmacists and hospitals in seven states and the District of Columbia.

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Winthrop Award

The Winthrop Award for Distinguished Achievement has been given to James O. Hoppe, Ph.D. 1947, University of Maryland, School of Pharmacy.

The senior research associate in pharmacology at the Sterling-Winthrop Research Institute was honored for his work in the development of radiopaque diagnostic agents.

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Wholesaler Shows For Area Pharmacists

Calvert Drug Merchandising Show

The Calvert Drug Company announced its first completely independent merchandising show. The show is designed not only as a gift show, but as a merchandising show with displays covering a much wider spectrum than the limited holiday season.

The show will be held at the Blue Crest Fordleigh, 6307 Reisterstown Rd., near Reisterstown Plaza on Tuesday, Wednesday and Thursday July 30, 31 and August 1, 1968. Joseph J. Hugg, Calvert Drug Company show coordinator stated "In selecting this date it was felt to be timely for the large and ever growing back to school business. Also most of the typical fall drug (cold and related items) deals would be available and of course the cosmetic and gift items for holiday selling would also be timely.

"Blue Crest Fordleigh is ideally suited for such a show. It is complete unto itself with no interference or distractions. There is more than adequate parking space, the building is fully air conditioned and has just been completely refurbished."

The Calvert Drug Company has extended an invitation not only to its members, but for the first time is ready to extend its service to all Maryland Pharmacists. Invitations have gone out to all pharmacists in Maryland and special plans are being formulated to make it worth while for all to attend.

Incentives of all types will be employed to assure all who attend and participate, that they will be availing themselves of the best that will be available anywhere. A very special prize will be offered to encourage pre-arranged appointments. Those who make and keep these appointments will be

eligible for a drawing on a truly elegant prize.

"Refreshments, prizes and incentives of all types will be offered, but the emphasis will be on buying, selling and merchandising," Mr. Hugg declared.

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Mid Atlantic Holiday Show District-Gilpin-Loewy

The first annual Mid-Atlantic Holiday Show co-sponsored by the District Wholesale Drug Corporation of Washington, D.C. The Henry B. Gilpin Company of Baltimore, Dover, Norfolk and Washington, D.C., and the Loewy Drug Company of Baltimore will be held starting Sunday August 18, 1968 through Wednesday August 21, 1968.

The show will premier at the Laurel Race Course Exhibition Center, Laurel, Maryland. Production of the show is being managed and directed by Campbell Associates, Inc. of Washington, D.C.

"A combined effort of the sponsoring wholesale houses and Campbell Associates, Inc. is being made to make the Mid-Atlantic Holiday Show the largest and most successful gift show of its kind", William Campbell, managing director of Campbell Associates, Inc. declared.

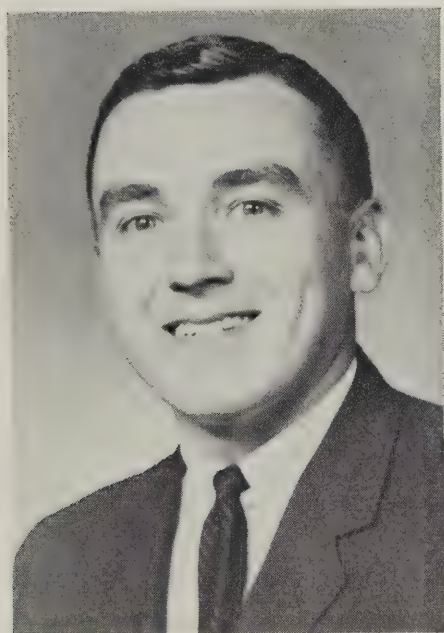
"Laurel Race Course Exposition Center is ideally located midway between Baltimore and Washington, D.C.", Mr. Campbell noted. "Also, it is easily accessible from all points by fast expressways. Friendship International Airport is only minutes away as are excellent motels."

Manufacturers and suppliers who sell to all three sponsoring houses will be exhibiting their Christmas gift items. The show will have a four day run from Sunday August 18 through Wednesday August 21. Show hours will be from 11 a.m. to 9 p.m.

Registration will be made upon entrance to the show to all customers of The District Wholesale Drug Corporation, The Henry B. Gilpin Company and The Loewy Drug Company.

Door prize drawings plus other activities will be held daily. In addition a free courtesy snack lounge will be open to all show participants for the full four days of the show.

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E. H. LEVERING

The Noxell Corporation of Baltimore, Maryland has announced the appointment of Mr. E. H. Levering as Assistant General Sales Manager. He formerly served as Western Field Sales Manager for the company in Los Angeles and will now be based in the company's headquarters in Baltimore. Mr. Levering joined Noxell as Western Field Sales Manager in 1966. Previously he was affiliated with Helene Curtis Industries and Lehn & Fink Products Corporation.

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Pharmacy Changes

The following are the pharmacy changes which occurred during the month of May:

New Pharmacy

Governor Lane Nursing Home Pharmacy, 5721 Grosvenor Lane, Bethesda, Maryland 20014—Leo Thomas, President.

Change of Ownership, Address, etc.

Wagner and Wagner Pharmacy, Milton A. Klepfish, owner, 7305 Seven Mile Lane, Baltimore, Maryland 21208 (Formerly owned by P. W. Brill, President).

Schuster's Pharmacy, Matthew J. Levins, Jr., owner, 3701 Belair Road, Baltimore, Maryland 21213 (Formerly owned by Joseph W. Loetell, Jr.).

Patapsco Pharmacy, William Gordon Urspruch, 109 Main Street, Ellicott City, Maryland 21043 (Formerly a Corporation—due to the death has changed to individual ownership).

Kleiman's Rexall Drugs, 201 Ballard Avenue, Baltimore, Maryland 21220 (Change in name only — Formerly known as Victory Villa Drug).

No Longer Operating As Pharmacies

Kaufman Pharmacy, Stanley L. Kaufman, 911 Beechfield Avenue, Baltimore Maryland 21229.

Rex Park Drug Store, Hershel Cohen, 201 West Franklin Street, Baltimore, Maryland 21201.

Young's Prescription Laboratory, Fred R. West, 1140 Druid Hill Avenue, Baltimore, Maryland 21201

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Prince Georges-Montgomery County Pharmaceutical Association

Paul Reznick has been named first vice president of the Prince Georges-Montgomery County Pharmaceutical Association by executive committee action succeeding Murray A. Rubin. Mr. Rubin associated with the A Mark Advertising Division of the B&E Sales has been promoted to the post of Division Manager in the home office located in Detroit, Michigan. Reznick will continue as secretary of the Association.

Mr. Rubin in his capacity of first vice president was also program chairman. Upon assuming chairmanship he programed the entire year's activity, setting up dates of the meetings and functions. Martin Hauer, second vice president will carry on as program chairman.

Pharmacy Council Formed

The outstanding achievement of the year by the Association is the participation in the formation of a council of Associations within the Greater Washington Metropolitan Area. Along with the District of Columbia Pharmaceutical Association, The Potomac Pharmaceutical Association the Council was formed being named "The Pharmacy Council of Greater Washington".

The Council will hold four meetings annually, with one joint general membership meeting of the Associations at a place to be designated by the Council.

Advantages of Council

Delegates present were polled as to their ideas on the formation of the Council. Out of the ideas presented the following thinking was evident: Joint annual meeting of the membership of the three Associations. To work together on the common problems of Pharmacy, for the betterment of Pharmacy and the welfare of the community at large. Support of each other in all fields of

endeavor was advocated. One of the primary functions of the Council would be the clearance of dates for meetings and functions so that no group would ever have a meeting or function on the same date as any other group.

The observance of major events such as Pharmacy Week, Community Health Week and others will be coordinated into one undertaking.

No one group will lose its identity.

Miss M. Eileen Brooks, Executive Secretary of the District of Columbia Pharmaceutical Association and Mr. Paul Reznick, Secretary of the Prince Georges-Montgomery County Pharmaceutical Association will be permanent member of the Council. Miss Brooks will act as a liaison for the Council.

Delegates Named

Delegates to the Council are as follows:

District of Columbia Pharmaceutical Association:

Miss Eileen Brooks
Mr. John McHugh
Mr. Paul Shapiro

Prince Georges-Montgomery County Pharmaceutical Association:

Mr. Melvin J. Sollod
Mr. Paul Reznick
Mr. Harold M. Goldfeder

Potomac Pharmaceutical Association:

Mr. Robert Lavoi
Mr. Jack White.
Mr. H. J. Gagnon

The basic aims of the Council will be set forth at the next meeting of the Council to be held shortly.

Photograph by Harold M. Lambert



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Alpha Zeta Omega

Just 48 years ago the Alpha Zeta Omega Pharmaceutical fraternity was started at the Philadelphia College of Pharmacy and Sciences. On July 21, the fraternity will celebrate its 48th convention at the Marriott Twin Bridges Motel, Washington, D.C. Expected to attend will be members of the organizing group of pharmacists.

Officers 1968-69

Elections for the coming year have taken place. Fraters elected for Pi Chapter, Washington, D.C. are: Director, Monroe Chilton; Sub-Director, Harold Goldstein; Exchequer, Paul Reznick; Corresponding Signare, Leon Levin; Recording Signare, Robert Sinker and Bellarum, Harold Rosen. Kappa Chapter, Baltimore officers: Director, Mel Rubin; Sub-Director, Jack Siegel; Exchequer, Walter Abel; Corresponding Signare, Jerald Freedman; Recording Signare, Kelvin Levitt; Bellarum, Steve Buckner and Executive Unit, David Serpick. Kappa Chapter Ladies Auxiliary President, Phyllis Rubin; 1st Vice President, Sara Zucker; 2nd Vice President, Norma Samson; Corresponding Secretary, Arlene Amernick; Recording Secretary, Myra Serpick; Treasurer, Vicki Buckner and Sgt. of Arms, Dale Grossblatt. At the University of Maryland School of Pharmacy Jack Siegel was elected President; Robert Gerstein, Secty-Treasurer, Mike Apple, Pledge Master and Mike Hoffman, Bellarum.

Auxiliary Activities

Kappa Chapter, Ladies Auxiliary Sydney Bass reports a very active year. All those who attended the January meeting were treated to a guided tour of Rome by JoAnn Greenberg. "How to Handle Our Emotions" by Dr. Donald Felker of the University of Maryland was presented at the February meeting. April had a most informative speaker, Dr. Stanley Pavey who spoke on the topic "A Psychologist Looks at Civil Rights." Mr. Ernest Kahn of the University of

Maryland spoke at the May meeting on the topic "Inner City Problems."

The 20th anniversary of the Auxiliary was celebrated on June 2, 1968 with a dinner dance at Eudowood Gardens. The closing luncheon takes place at Danti's of Towson. Installation of officers will take place at that time.

Looking forward to New Year's Eve, Kappa Chapter is planning a New Year's Eve Party at Gannon's Restaurant, 545 Frederick Avenue. Fraters are urged to send in their reservations to Robert Kroopnick, 3514 Langrehr Road, Baltimore, Md. 21207.

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Eastern Shore Pharmaceutical Society

The May meeting of the Eastern Shore Pharmaceutical Society was held on Sunday May 19, 1968 at the Commander Hotel, Ocean City, Maryland.

The meeting was well attended with members from Salisbury, St. Michaels, Crisfield, Easton, Pocomoke and Ocean City in attendance.

Earl Kerpleman, Maryland Pharmaceutical Association vice president reported on Association activities in the recent legislative session of the General Assembly. He also urged the members to make plans to attend the convention to be held in Atlantic City, July 8 through 11.

Following the meeting, the members attending and their wives enjoyed a fine dinner.

The advantages of elastic surgical and convalescent aids in today's pharmacy was pointed out by a representative of the Kendall company in a post dinner presentation.

Officers

Officers of the Association are: Charles Bennett of Salisbury; 1st vice president, James Truitt of Federalsburg; 2nd vice president, Basil Johns of Marion; secretary, Philip Lindeman of Berlin; treasurer, Tom Payne of Easton. Donald Young of St. Michaels is honorary president.



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The Pharmacist And The Physician

A Survey Conducted February-March, 1967

in the Baltimore Metropolitan Area

by

CLIFFORD E. HYNNIMAN* and PETER P. LAMY**

School of Pharmacy, University of Maryland

A 5 page questionnaire concerning a number of topics of interest to medicine and pharmacy was sent to 916 randomly selected physicians in the Baltimore metropolitan area. A total of 244 completed questionnaires returned during February and March, 1967 were included in the analysis of the results. In addition, 18 of 37 physicians selected were interviewed personally.

Important results of the mail questionnaire are given below. For a more detailed discussion of the survey see:

Hynniman, C. E., "The Pharmacist and the Physician," Master's Thesis, Health Sciences Library, University of Maryland, Baltimore, 1967.

1. Physician contact with pharmacists:
 - (a) Group A¹: 62.5% reported one or more times per day.
 - (b) Group B²: 44.1% reported one or more times per day.
2. Reasons for contact:
 - (a) First reason—new or renewal prescriptions by 73% of all physicians. Other reasons included drug availability, names, prices, dosage or manufacturer by 34% of all physicians, and drug brand comparison by 10% of all physicians.
3. Greater responsibility for the pharmacist on prescription renewals:
 - (a) 68% against; 24% favorable.
4. Pharmacist guidance on prescribed medications:
 - (a) 48.4% favorable and 44.3% against.
5. Individual patient medication records:
 - (a) More than 40% were familiar with the records.
 - (b) More than 40% thought the records would be useful to them.
6. Public health and the pharmacist:
 - (a) Approximately 68% favored an active role for the pharmacist. Among these, more than 60% thought the pharmacist should distribute literature and provide guidance, and more than 20% thought pharmacists might pre-screen patients.
7. The pharmacist and self medication:
 - (a) Should some one be available at all drug outlets for consultation with patrons:

Group A: 43.2% yes; 38.8% no.
Group B: 48.8% yes; 34.5% no.
 - (b) 70.9% of all physicians considered non-prescription drugs useful.

Among these, more than 80% thought the pharmacist could recommend the most effective and economical non-prescription drugs to their patrons.
 - (d) Should the pharmacist encourage the patron to consult with him:

Group A: 43.9% yes; 41.0% no.
Group B: 50.0% yes; 33.3% no.

* Clifford E. Hynniman, M.S., Department of Pharmacy Central Supply, University Hospital, University of Kentucky Medical Center, Lexington, Kentucky 45306.

** Peter P. Lamy, Ph.D., Associate Professor, School of Pharmacy, University of Maryland, Baltimore, Maryland 21201.

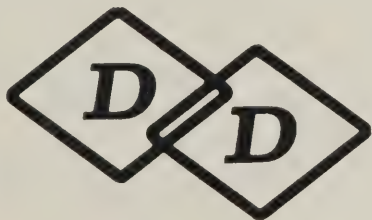
1. Group A: Physicians graduated before, but including 1949

2. Group B: Physicians graduated from 1950 on.

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8. Needs and interests for drug information was similar for all physicians.
 - (a) About 50% thought pharmacists could supply: Drug names, treatment of poisoning; comparisons of drug efficacies; compatibility, stability, solubility and shelf-life.
 - (b) 45-55% of all physicians thought the pharmacist's education was adequate to supply drug information and about 28% didn't know.
 - (c) 79.9% of all physicians did not wish to be contacted prior to the purchase of a non-prescription drug.
 9. Pharmacists in patient care areas:
 - (a) About 46% against; about 29% favored; about 24% "no opinion" or "don't know."
 - (b) Among those favoring, more than 80% thought the pharmacist's availability for consultation and the establishment of training programs were important advantages.
 10. Is pharmacy a profession:
 - (a) About 80% considered pharmacy a profession.
 - (b) About 57% thought pharmacists were content as merchants or the status of the profession was in doubt.
 11. Should there be joint meetings:
 - (a) 40% favored joint meetings with pharmacists and 28% had no opinion.
 - (b) About 59% thought the meetings should cover both professional topics and mutual problems.
 - (c) More than 70% of all physicians did not favor remuneration of the pharmacist for consultation on non-prescription drugs.
 12. Articles by pharmacists in the medical literature:
 - (a) Approximately 50% of all physicians favored articles on drug action and dosage forms by pharmacists in the medical literature.
 13. Criteria for selecting a pharmacy:
 - (a) The majority of physicians used a criteria for selecting pharmacies, but did not direct their patients to a particular pharmacist.
 - (b) Criteria for pharmacies most often used:
Convenience; professional confidence in the pharmacist; quality drugs whether "generic" or "brand" name; delivery service.
-
- ### THE R LEGEND
- The F.D.A. Manual for pharmacists explains what's behind the R legend, "CAUTION, FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION." It is also a handy reference about the laws governing the dispensing of prescription drugs. A copy is free to members, for the asking.
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Nathan I. Gruz, Editor
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A.Ph.A. Meeting*

President E. Ronald Shewfelt of the Metropolitan Pharmaceutical Secretaries Association introduced Mr. Richard Penna, Executive Secretary of the Academy of General Practice of the American Pharmaceutical Association at the second session of the MPSA meeting held in conjunction with the A.Ph.A. convention, Miami Beach, Florida.

Mr. Penna outlined the areas of involvement of Pharmacy and the government. He urged pharmacists to become aware of O.E.O. Regional Medical Planning (RMP) Comprehensive Health Planning (CHP) and all other programs that are designed to deliver health care services to the poor and aged.

Team Approach

Present plans call for a "team approach to health problems rather than the individual approach used until now. All professional personnel are seeking to attract medical case assistance and to "team up" with social service facilities. Many of the proposed programs have come about because of the demands of a significant segment of the people.

Pharmacy services will need to expand beyond the "count and pour" philosophy and the services of the individual pharmacist will be in the role of consultant, advisor and partner in delivering health care. Pharmacy will have an expanded role in over-the-counter promotion of health products he declared.

Pharmacists were urged to get involved with family health planning through case workers, mental health programs, health care centers etc.,

Mr. Penna concluded his remarks with a discussion on the need for quality drugs, a formulary, a cost control procedure and the need for pharmacists involvement in O.E.O. Comprehensive Neighborhood Health Care Centers.

*From Report of the Metropolitan Pharmaceutical Secretaries Association May 1968.

OBITUARIES

LEROY O. DAWSON

Leroy O. Dawson, a 1937 graduate of the University of Maryland School of Pharmacy, registered pharmacist and a representative of the Eli Lilly & Company for many years passed away at his Catonsville home, Wednesday May 15, 1968.

He was a member of the Arex Club and the Boumi Temple Shrine.

Mr. Dawson is survived by his wife, the former Eleanor Farrell. They had been married for 27 years.

Also surviving are a son Leroy C. Dawson and two daughters, Leah and Mary Ann Dawson.

—O—

Membership

Pharmacy for some inexplicable reason is the only member of the allied health team that is constantly on a membership crusade. Why must we urge pharmacists to join the Association. Certainly the dues, nominal as they are, are not a deterrent. Mr. Member, now that you are reading talk up the merits of your Association to others. Together we can make our association more successful in its service to pharmacy.

—O—

Shopping for Prescriptions

The Maryland Pharmaceutical Association in executive session April 4, 1968 endorsed a resolution opposing the statement of the American Medical Association President Rouse regarding shopping for prescriptions.

—O—

INDEX TO ADVERTISERS

Firms advertising in THE MARYLAND PHARMACIST, the official publication of the Maryland Pharmaceutical Association, your state association, merit your consideration, your good will and your support and cooperation.

Let our advertiser's representative know that you saw their advertisement in THE MARYLAND PHARMACIST as they call on you. A letter to the home office could prove very helpful in maintaining an advertising contract. A word of solicitation or a request for support to representatives of firms not advertising, may result in obtaining additional advertisements.

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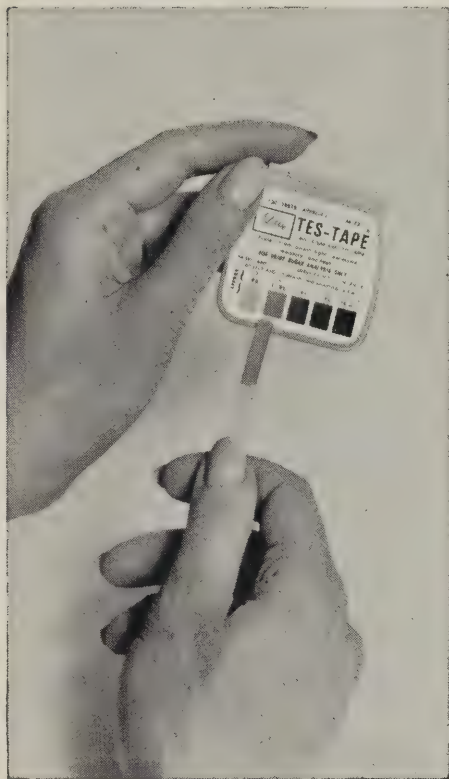
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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

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Volume XLIII

JUNE, 1968

No. 9

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The views expressed in **The Maryland Pharmacist** signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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President's Message

Dear Fellow Members:

As the year of my presidency comes to a close, I look back upon the feverish activity of the past months with a sense both of great accomplishment and of mild frustration. Never in the history of the Association have we been so active in the fields of legislation affecting the profession of Pharmacy. In addition, we have been involved in ever so many meetings and conferences on a large variety of programs which are being created by one governmental agency or another and all of which affect our profession and our livelihood. The opportunity to live and act on your behalf in these important times of our country's social revolution has been the source of much satisfaction to me. On the other hand, the difficulties which we encounter at every turn in involving the membership in helping to solve these problems and set policy for our Association has led, I must confess, to a sense of frustration which is sometimes depressing. The Association must represent its membership, and it cannot do this unless the membership is willing to take the time and give the effort to participate. Another source of unnecessary irritation to the officers is the member who neglects to pay his dues, but serves as a critic nonetheless.

The only protection which Pharmacy and pharmacists have today is by unified action through the Maryland Pharmaceutical Association. This requires that the Association have adequate funds to employ the necessary executives and other personnel needed to turn out the large volume of efforts required to keep pace with the times. In addition, the work of our legal department has mushroomed and requires many hours of time at considerable financial cost. The dues structure of the MPA is probably the lowest of any comparable State professional society in our region. To operate effectively today requires adequate financial support; to attempt to operate on a curtailed budget in these times is tantamount to surrender of our rights as professional men and women. This we must not permit to happen.

I urge each and every one of you to check your records to see if your dues have been paid. If you have neglected to do so, please attend to this at once. There is no room for free-loaders or for those who would destroy Pharmacy by failure to support its programs and by destructive criticism of its efforts. All of the Association efforts are directed towards goals to help each individual in our Association. You can afford to do no less than support these efforts.

I want to express my appreciation to the officers and Executive Committee members who have all been so helpful as advisors and team-mates. As I leave office I do so with the full knowledge that my successors are well trained to look after your interests and to continue the battles which we have all been engaged in this past year. I also want to express my appreciation to the Executive Secretary, Mr. Nathan I. Gruz, and his assistant, Mr. Paul Reznick, for their loyalty and devotion to duty.

Although I feel that the year has been a very successful one for me and for the Association, I am fully cognizant of the fact that we did not accomplish all of our goals, and much needs to be done. I pledge my support to the incoming officers in all of their endeavors on our behalf.

One last word to the membership: please maintain your membership in the Association, pay your dues, and be active in the committee work.

MILTON A. FRIEDMAN
President



Tell them you saw it in "The Maryland Pharmacist"

Secretary's Script . . .

A Message from the Executive Secretary

Association Priorities

Members of the Maryland Pharmaceutical Association do not have to be told any longer that governmental health programs are overshadowing the old traditional activities of the Association. Medicaid, Medicare, OEO Comprehensive Neighborhood Health Centers, federal and state legislation regarding "generic drugs" and a new federal drug compendium, are just a few.

At the same time, the MPhA has responsibilities to its members in pharmacy ethics and practices, continuing education, third party payment plans, professional relations, public relations, School of Pharmacy, industry relations, pharmacy legislation, civil disaster planning and many other areas.

Your Association officers and staff cannot do the job alone. We need pharmacists — community, hospital, educators, governmental, and employer and employee alike—to participate and contribute to advancing pharmacy. To advance pharmacy is to make pharmacy more effective as an essential public health profession.

Pharmacists are also needed as representatives in the many voluntary health groups such as the heart, cancer, alcoholism, mental health and other groups.

Let us hear from you as to your area of interest.

Getting The Facts

The Maryland Pharmaceutical Association is launching a number of surveys to gather facts about many aspects of pharmacy and pharmacy practice in Maryland. Some will be directed to the

membership alone and others will be mailed to all the licensed pharmacists in Maryland.


Data obtained from our surveys will be used in a number of vital and constructive ways such as to document positions taken by the MPhA in dealing with government agencies and various health groups.

When you receive a questionnaire or survey form please complete it and mail it at once.

At the same time contact your colleagues and determine if they have received the questionnaire. Perhaps the person is not a member. Membership is really critical for it is important for full impact for us to have as close to 100% as possible.

This is an opportunity to aid the profession.

Sincerely,



Executive Secretary

—o—

Zip Your Mail

The public education program to encourage the use of the ZIP code through the mass media for another year has been announced by the Advertising Council.

Public service announcements will be made highlighting the significance of high quality postal service to the well being of the nation and the importance of ZIP Code in keeping the lines of communication open.

The "animal" strikes again!



**Take off after him
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Last summer this "animal" increased your Contac sales a monstrous 25%! What animal?

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Pharmacist Registration In Maryland

The Board of Pharmacy has sent an application to pharmacists of record in the State of Maryland for the renewal of certificate of registration as a pharmacist in Maryland. It covers the period 1969-70.

Pharmacists are requested to return the application together with the legal renewal fee of \$3.00 before **September 30, 1968**. Applicants who fail to re-register on or before the above date are required by law to pay an additional fee of \$2.00.

The Board would appreciate the return of the Biennial Renewal Application as soon as possible.

Francis S. Balassone Receives C.A.S.A. Award

The Central Atlantic States Association of Food and Drug Officials presented to Mr. Francis S. Balassone, Secretary of the Maryland Board of Pharmacy the C.A.S.A. Award at its Annual Conference held in Philadelphia, Pennsylvania on May 28, 1968.

The Award reads: "In recognition of his outstanding services to the Association and in his chosen field of Food and Drug law enforcement." The award con-

sisted of an outstanding certificate plus a \$100.00 Series Bond.

The Central Atlantic States Association includes the states of Connecticut, New York, New Jersey, Delaware, Pennsylvania, Maryland, the District of Columbia, West Virginia and Virginia.

Maryland State Board of Agriculture Regulation

The Maryland State Board of Agriculture has passed a regulation concerning the use of virulent hog cholera virus in order to maintain a control and eradication program without the danger of introducing hog cholera.

THE MARYLAND PHARMACIST has received a letter from the Maryland Board of Pharmacy, F. S. Balassone, secretary. Dr. R. C. Hammond, Veterinarian, Cooperative Extension Service, University of Maryland, College Park has requested that pharmacists be notified of the regulation.

The Maryland State Board of Agriculture hereby promulgates the following regulation:

Modified Live Virus Hog Cholera Vaccine (MLV)

"In order to maintain a control and eradication program without the danger of introducing hog cholera, it is pro-

hibited for any person, partnership, firm or corporation to possess, sell, offer for sale, distribute, give away or use virulent hog cholera virus or modified live virus cholera vaccine within the State of Maryland or to transport or ship into the State of Maryland any product, vaccine or animal tissue to contain living hog cholera virus."

Pharmacy Changes

The following are the pharmacy changes which occurred during the month of June:

New Pharmacies

Giant Pharmacy No. 204, J. B. Danzansky, President, 8100 Loch Raven Boulevard, Baltimore, Maryland 21204.

Peoples Service Drug Stores, No. 101, G. B. Burrus, President, 7955 Tuckerman Lane, Rockville, Maryland 20854

Change of Ownership, Addresses, etc.

Asbill Pharmacy, Alfred H. Alessi, President (formerly L. E. Ensor, Presi-

dent), Washington and Chesapeake Avenue, Towson, Maryland 21204.

Allens Pharmacy, Anthony Allen, III, owner (formerly Belford's Pharmacy, Joseph Belford, owner) 1601 Edmondson Avenue, Baltimore, Maryland 21206.

New Windsor Pharmacy, Donald Elliott, President (change from Partnership to Corporation—Same Owners) 209-11 Main Street, New Windsor, Maryland 21776.

No Longer Operating As Pharmacies

Maryland Drug Company, Inc., A. Lester Batie, President, 126 Washington Boulevard, Laurel, Maryland 20810.

Lexington Park Pharmacy, Milton L. Hillman, President, 19 Tulagi Place, Lexington Park Maryland 20653.

Leyko's Pharmacy, Gregory W. Leyko, 2501 West Baltimore Street, Baltimore, Maryland 21223.

Wylie Drugs, Inc., Marvin D. Davidov, President, 4601 Park Heights Avenue, Baltimore, Maryland 21215.

—O—

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DO YOU HAVE PLANS TO . . .

REMODEL?

MOVE TO NEW LOCATION?

OPEN AN ADDITIONAL PHARMACY?

ENLARGE PRESENT QUARTERS?

ADD LINES?

CARPETING?

EXPAND YOUR CUSTOMER LIST?

IF Not, Plan On Trouble Ahead!

IF YOU DO HAVE PLANS BUT NOT THE CASH, WOULD YOU LIKE TO CARRY OUT YOUR PROGRAM WITHOUT MONEY WORRIES?

YOU CAN!!

UNDER OUR PROGRAM . . .

"TOMORROW'S PHARMACY TODAY"

SEE OUR TERRITORY MANAGER . . . or . . .

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Alumni Association, School of Pharmacy, U. of Md., News

Officers Elected

The following officers, elected at the Annual Business Meeting held on May 16, 1968 were installed at the banquet:

Honorary President,

Mr. Walter E. Albrecht

President, Mr. Nathan I. Gruz

1st Vice President, Mr. Harry R. Wille

2nd Vice President, Mr. Herman Kling

Executive Secretary,

Dr. Frank J. Slama

Treasurer, Mr. H. Nelson Warfield

Dr. Casimir T. Ichniowski was installed as Chairman of the Executive Committee along with the following members:

Dr. David A. Blake

Mr. Paul G. Garver, Jr.

Mrs. Nancy S. Lubman

Mr. Robert O. Wooten

Mr. Morris R. Yaffe

Following the installation of officers, the Past President's Award was presented to Dr. Ichniowski by the newly-installed President, Mr. Nathan I. Gruz.

The program was closed with the Benediction by Father Manuel Roman.

Alumni Association Annual Banquet

JUNE 5, 1968

By Dr. Frank J. Slama

Executive Secretary

The program of the 42nd Annual Banquet of the Alumni Association of the School of Pharmacy of the University of Maryland, held at the Holiday Inn, Downtown, Baltimore, Maryland on June 5, 1968, began with the Invocation by the Reverend Father Manuel Roman, Catholic Chaplain of the Baltimore Professional Schools of the University of Maryland.

The Invocation was followed by the Opening Remarks of Dr. Casimir T. Ichniowski, President of the Alumni Association, 1967-1968. Dr. Ichniowski

next introduced Mr. Alexander J. Ogrinz, Jr., Toastmaster for the occasion. Mr. Ogrinz is President of the Maryland Board of Pharmacy.

Greetings were extended from the University to the gathering by Dr. Albin O. Kuhn, Chancellor of the Baltimore Campuses of the University of Maryland.

The presentation of awards followed, the first being the Honorary President's Award presented to Mr. Frank Block by Dr. Ichniowski, with response by Mr. Block. Following the presentation of the 1968 Honored Alumnus Award to Mr. H. Nelson Warfield by Mr. Francis S. Balassone, with an acceptance of the award by Mr. Warfield. Dean Noel E. Foss introduced the thirty-five members of the graduating class. Response was made by Mr. John P. Barker, President of the graduating class.

Certificates were prepared for eight graduates of the Class of 1918; Mr. George E. Black, New Martinsville, West Virginia; Lester Scott Corrick, Point Pleasant, West Virginia; Irving Millenson, Cumberland, Maryland; and Jerome E. Murphy, Leo C. Retallata, Simon Solomon, William F. Voshell, William E. Waples, all of Baltimore. Present also at the gathering was Benjamin F. Klein, Class of 1902.

RUSSELL H. CARRINGTON

"Mr. Russell" as he is affectionately known to the many students who have graduated from the University of Maryland School of Pharmacy since 1930, retired on June 30, 1968.

Morris Yaffe, chairman of the executive committee of the Maryland Pharmaceutical Association in introducing Mr. Carrington at a testimonial reception held in his honor by the Alumni Association of the School of Pharmacy, Thursday, June 13, 1968 at the Kelly

Memorial Building declared that if the Alumni were asked who helped them most while they were pursuing their studies, the answer would be, "Mr. Russell"—referring to Russell H. Carrington, the Laboratory Assistant in the Department of Pharmacy of the School of Pharmacy.

Mr. Carrington officially retired on June 30, 1968 after forty years of service. Recently he was honored by the State of Maryland by being presented a certificate and watch by Governor Agnew.

Interest In Pharmacy

"Mr. Russell" came to the School of Pharmacy in August 1927 following four years as an employee in Wager's Drug Store where he states he first became interested in drugs and chemicals and pharmacy itself. His coming to the University of Maryland followed a family tradition as his father, Mr. Eddie Carrington, was employed by the Baltimore College of Dental Surgery as far back as 1918 and his brother Roland, was em-

ployed in the Department of Biochemistry of the School of Dentistry.

"As a token of our high regard, our esteem and warm affection, we join together to honor you and present a check to you as a solid demonstration indicative of our feelings," Nathan I. Gruz, president of the Alumni Association said in presenting a check to Mr. Carrington. The check represented contributions from the Alumni.

"It is with great personal pleasure," Mr. Gruz continued, "and an honor to participate in this happy occasion with your family, friends, associates and Alumni. Best wishes and good luck!"

Present at the testimonial reception were Mr. Carrington's wife Evelyn; sons, John Edward and Dr. Russell H. Carrington, Jr. Daughters, Vilita and daughters and son-in-laws, Mr. and Mrs. Charles Reaves, and Mr. and Mrs. Richard R. Tisdale. His sister, Miss Geraldine Carrington.

—o—



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Presentation of Honored Alumnus Award to H. Nelson Warfield*

By FRANCIS S. BALASSONE, Secretary Maryland Board of Pharmacy



H. NELSON WARFIELD

"The highest of distinctions," said King George VI, "is service to others." Thus, begins the first chapter of H. Nelson Warfield who at the early age of twelve began working in his neighborhood pharmacy, where he obtained the exposure which guided him into his professional career.

After graduating from Baltimore City College, he entered the University of Maryland School of Pharmacy where he graduated in 1924. Upon graduation, he was employed by the John J. McGinity Pharmacy in East Baltimore.

His career with Read Drug and Chemical Company began in 1925 when the firm had but ten pharmacies. With the

firm's expansion, he was given many managerial promotions, and for a long time, in later years, served Read's in a supervisory capacity. In his treatise on Medical Education, Thomas Henry Huxley said, "The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher." And so it was with Nelson, who since 1950 has served as Assistant Secretary and Director of Professional Services.

For a moment let us take a glimpse into his personal life. He married the lovely Mary Olive Townsend in 1927, who was to give him much support and encouragement through the years. This union brought forth four beautiful daughters, now all married. Nelson and Olive have six grandchildren. His youngest daughter, Carolyn, is a pharmacist and a graduate of the class of 1965, and mother of two of the grandchildren. Having no sons, they helped raise a nephew, Charles Jones.

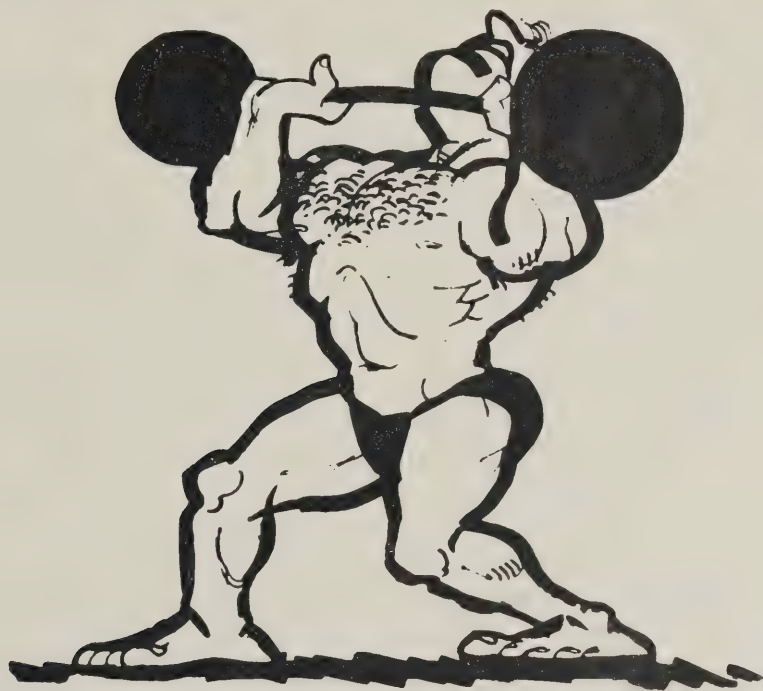
For many years, he has been a member of the Colonial Baptist Church where he has been a leader and teacher of the Young Men's Bible Class, and also, is an ordained Deacon. Nelson was one who could not grow intellectually without growing spiritually. He has lived and practiced his faith.

CIVIC ACTIVITIES

In his civic activities he has been President of the Lions Club of Pikesville, and President of the Colonial Village Improvement Association.

He is a member of the Maryland and Baltimore Metropolitan Pharmaceutical Associations. His membership dates from the early days when the late Mel Strassburger was Secretary and most

*1968 Honored Alumnus Award Recipient. Presented at the Alumni Banquet, June 5, 1968, Holiday Inn, Downton.



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of the meetings were held at Hendler's Hall. As a member of the American Pharmaceutical Association, he has received three national first prize awards for designing outstanding window displays during National Pharmacy Week, 1952, 1959 and 1961.

SUPPORT FOR CHANGES

For many centuries, society has officially recognized pharmacy by setting the pharmacist and his work apart, giving him certain monopolies of function in turn for the protection of the public against spurious drugs and against improper pharmaceutical practice. Every state in the United States has a pharmacy law controlling the making and distribution of medicines. Since society has decreed that certain functions be performed by properly qualified pharmacists, I can attest to the support that Nelson has always given to the changes in law which meet the social needs of our time.

He has served the Alumni Association of the School of Pharmacy long and well. From 1957 to 1958 he served as its President and since 1960 as its Treasurer. It is with the Alumni Association that he has found his great fulfillment, for here he has worked diligently and long to help provide good career opportunities for many pharmacy students and graduates. In 1953, he initiated the Alumni Association Pharmacy Careers Committee and served as its chairman until 1958. During this time, he toured our State, visiting many high schools to arouse interest in pharmacy and did much to recruit students to enter pharmacy.

READ SCHOLARSHIPS

In 1957, he was instrumental in setting up the criteria for the "Read Drug Stores Foundation Scholarships" which provides for financial assistance for worthy freshmen pharmacy students. This program has, since its inception,

provided financial aid to many young men and women who otherwise might not have been able to pursue their career in pharmacy.

Because of his wise guidance to young pharmacists and counsel to the older pharmacists, Nelson has won many friends in pharmacy. By this example, he has encouraged all to adhere to high, ethical and professional standards of conduct, in their performance as pharmacists to the community.

PRESENTATION OF AWARD

Each award winner preceding Nelson was honored for his specific and unique contribution. I am reminded of the words of Alexander Pope in his Essay on Criticism, "'tis with our judgments as with our watches, none go just alike, yet each believes his own."

Nelson, for your work on scholarships, student recruiting, your professional attitudes, and the high standards of excellence to which you have always adhered, I present you the Honored Alumnus Award for 1968 . . .

—O—

Pharmacy Calender

August 14—Prince Georges-Montgomery County Pharmaceutical Association Outing—w/Travelers Auxiliary, Robertson's Crab House, Popes Creek.

August 18-21—Mid-Atlantic Holiday Show, Laurel, Md. District Wholesale Drug Corporation, Henry B. Gilpin Company and the Loewy Drug Company.

October 6-11—NARD Convention, Boston.

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B.M.P.A. President's Message

This is the mid-point of the year and I think a good time to ask again—"Where do we go from here?"

At this writing, the Governor has seen fit to adopt the Nelson Committee recommendation to cut pharmacy's fees in the Medicaid Program, in spite of overwhelming evidence that to do so would be a great injustice to the pharmacists of the State—and to the recipients of pharmacy service.

Every effort must be made to get Governor Agnew to rescind this cut—to insure participation in this program that is so essential to the health of the poor in the State. It is, therefore, imperative that each of you let your feelings be known . . . NOW!

Also, the Provident Comprehensive Neighborhood Health Center is about to open its doors. Area pharmacies will participate in a pilot vendor program under development—and with any measure of luck, should be functioning by the time the MARYLAND PHARMACIST reaches you. Every effort must be made to cooperate with the Center to provide the best quality care for the patient. Our fight with the State regarding payment for services must be secondary to this consideration.

We are also, preparing for the MPA Convention in Atlantic City . . . The re-statement of the problems facing each of us as pharmacists and citizens of Maryland only point up the need for perseverance in the finding of solutions. We all must recognize that we cannot give in to the impulse to say "What's the use?" . . . As slowly as it may be, we move ahead in amoeba-like fashion—but move ahead we do.

The most important thing for us all to remember is that the only real way to speed the pace is through unified support of the **broadest based membership possible.**

Only with your support can we achieve success.

DONALD O. FEDDER
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Volume 26

JUNE, 1968

No. 9

TAMPA Meeting

TAMPA'S Pre-Convention meeting was held on Thursday, June 7th at Marty Welsh's Steak House. Prior to our meeting good fellowship stimulated by refreshments, was enjoyed by all. We had the pleasure of having Nathan I. Gruz, Executive Secretary of MPA and his assistant, Paul Reznick, with us. Mr. Gruz enlightened us of the various events scheduled for the MPA Convention.

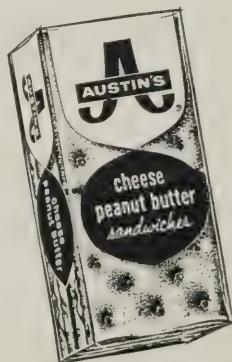
Our Program Chairman and 1st Vice President outlined TAMPA'S part in the Convention. Mr. Ken Mills explained what he and his committee had been working on for TAMPA'S Gala Night. The theme being The TAMPA Carnival which requires the assistance of both TAMPA members and the LAMPA ladies.

Donald Fedder, President of BMPA was also in attendance and gave an interesting talk on the togetherness of our organizations.

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Samuel L. Fox, M.D.*

Informing The Patient

There is a growing controversy in American medicine and pharmacy concerning the question, "How much information should you give patients about their drugs?"

Those who are hospital based, and especially those physicians who bear the responsibility for treating the poisoned or over-dosed patient, would like a full disclosure on the label of each medicament of all the contained ingredients so that ready reference could be had to the ingested drugs which might be at fault. On the other hand, there are many wise and seasoned clinicians who feel that many patients would become hypochondriacal if this were done routinely. In addition, many of the simple preparations which are prescribed for largely functional diseases would fail to benefit such patients if a full disclosure were made of the contents to such patients. Somewhere between these two extremes we should be able to find a happy middle-ground of sensible action in this debate on disclosure vs. non-disclosure. Let us analyze some typical examples.

Information Survey

In a recent survey of the question conducted by **Medical Tribune**, a dermatologist commented, "I believe, ideally, the more informed a patient can be about the illness and the medication used, the better he gets along." The same physician adds, however, "Too much information about possible side effects may be confusing." The crux of the matter seems to be, to this physician at least, that the patient should be told as much as he can intelligently understand but not "the whole truth." This is hedging.

In the same survey, a general practitioner stated, "All my prescription blanks have printed instructions to the druggist to 'label' for the following reasons: I want my patients to know what medications they are taking. If in the future they have the same illness and medications are left over, it is easy to identify the drug." I am appalled at this reasoning! With all of the efforts that are being made to educate our population to discard immediately all unused drugs, and with all of the fatalities and morbidity which results from self-medication with the newer potent drugs, this practitioner would encourage self-medication and disregard a primary safety rule in order to save the patient a few pennies (presumably).

Another general practitioner expresses a saner and safer attitude. He says, "The extent (of disclosure) is, of course, determined by the particular drug prescribed, the case being treated, and the individual . . . Of course, any medication that could have an undesirable side effect **must** be discussed with the patient. I am thinking particularly of drugs that might be prescribed for pilots, truck drivers, or traveling salesmen who drive a lot. I even like to mention the possible drowsiness after taking some drugs to housewives who use electric mixers and drive half a dozen kids to and from music lessons. I believe this physician has a better under-

*Dr. Fox graduated from the School of Pharmacy in 1984 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

standing of the merits of disclosure than his two previously quoted colleagues.

Personal Views

My own feeling is this. Whenever a potent drug is prescribed to a patient who is emotionally stable, I want the patient to know the drug which is being prescribed so that he can appreciate the necessity for following detailed instructions as to dosage, etc. I also want him to know about side effects which he can expect and thus avoid the almost-hysterical state which results when he experiences such a side effect and cannot reach me immediately for reassurance. Even "safe drugs" like the vitamin derivative, Roniacol, have a way of exciting patients when they develop a sense of great warmth, with itching and redness of the skin after taking the drug. To say to the patient in advance, "I hope you will get a sense of warmth to your skin soon after taking this: it will mean that the drug is working the way I want it to do," is to develop an informed patient who will understand the side effects, and not be alarmed by them.

It would be well if all antibiotic drugs were labeled with the generic or trade-name of the product. This would be of inestimable value to physicians who are attending the case, since many patients are under care of more than one physician in these days of super-specialization. It would also serve to alert a patient to any such drug to which he previously showed a side effect or reaction. Here, "an ounce of prevention is worth more than a pound of cure: it may be worth the patient's life.

Of course, any drug which may prove to be toxic, especially to children, should contain the name of the drug on the label so that immediate antidotal measures may be taken should the drug be accidentally ingested. Lives have been lost, that could have been saved, because of the time lag between seeing such a patient and learning the contents of the ingested poison.

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Patients More Sophisticated

Patients are more sophisticated than previously, or they think they are. This requires that new techniques be developed to deal with them. Most patients want the doctor to take them into his confidence when he is treating them. Disclosing the name of the drugs used is such an act. The physician who wishes to build a busy practice learns to compliment his patients by not talking down to them, even when he knows that they are not quite able to grasp the technical aspects of what he is explaining to them. Nonetheless, patients wish to be "formed" at all times, and placing the name of the drug on the label is one such action in this direction. Whether we agree or not, this will become the order of the day in the coming months and years. When you do this, please remember also to put the expiration date on the label so that most of the left-overs will be discarded. Less harm will thus result.

LAMPA News

By Miriam Kamenetz

(Telephone 944-0398)

L.A.M.P.A. is now beginning its new club year and would like to invite any member that wishes to work on the Program Committee to contact our First Vice President, Mrs. Charles Spigelmire, 22 York Court, Baltimore, Maryland 21218, (Telephone HO 7-0948).

The Program Committee meets about four or five times during the year and is responsible for all the activities that take place at our Regional Meetings, our annual luncheon and the Convention. Happily, we have a few members that are always ready, willing and most able to help with our entertainment program. We appreciate and respect their loyalty but it would be nice to have a sprinkling of different faces and different ideas. It can be an enjoyable experience and you get to know the other members better. You may see your idea put to use or your suggestion become a huge success. You may replace a casual acquaintance with a real friend.

Do call, soon as you read this notice, since the first meeting will probably be held soon.

—o—

Prince Georges-Montgomery County Pharmaceutical Association

Once again, the annual crab feast hosted by the TRAVELER'S Auxiliary of the Prince Georges-Montgomery County Pharmaceutical Association, the Washington Metropolitan Pharmaceutical Association, the District of Columbia Pharmaceutical Association and the Potomac Pharmaceutical Association will be held on Wednesday evening August 14, 1968 at Robertsons Crab House, Popes Creek, Md.

Chartered air-conditioned buses will be used for the Crab Feast Trip. Departure about 6:30 or 7:00 P.M. and return before midnight. Dress informal, come out and enjoy yourself. Exact time and location of departure to be announced.

Everyone Invited

Everyone is invited, wives, friends, relatives and guests. Price per person, \$5.00. This includes round trip bus transportation, refreshments on the bus, all the crabs, crab cakes and fried shrimp you can eat, beer and soft drinks at the Crab House that you care to drink—no one misses the Travelers Crab Feast.

The deadline for all reservations and payments will be August 10, 1968. When reservations and payment are made, by return mail paid tickets for boarding the bus and the Crab Feast will be sent. Two Mystery Bonus Prizes will be selected from the reservations that have been paid in advance.

Make all checks payable to Travelers Auxiliary Crab Feast. Mail checks and reservations to Mr. Robert Reznick, 13008 Blairmore Street, Beltsville, Maryland 20705.

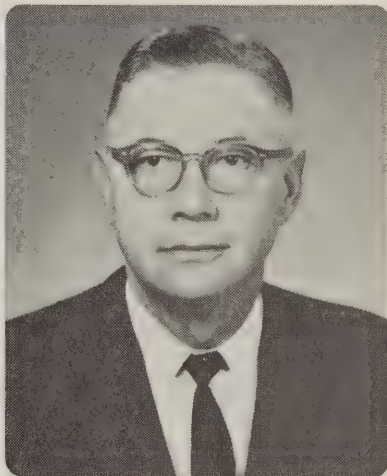
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Maryland Society of Hospital Pharmacists

Dr. Peter P. Lamy, Associate Professor of Pharmacy at the University of Maryland School of Pharmacy was elected and installed as President of the Maryland Society of Hospital Pharmacist at the Third Annual Hospital Pharmacy Seminar of the Society held in Ocean City, Maryland, June 14-16, 1968.

Dr. Lamy succeeds Mr. Paul LeSage as President of the Society. Mr. LeSage is Lecturer in Hospital Pharmacy at the School of Pharmacy, and Director of Pharmacy Services at the U.S. Public Health Service Hospital, Baltimore, Maryland.

For the Advancement of Pharmacy



Dr. Louis W. Busse, Professor of Pharmacy and Associate Dean at the University of Wisconsin, who won the 1967 Research Achievement Award for the Advancement of Pharmacy sponsored by Lederle Laboratories. His research interests were directed toward studies on ointment bases, compressed tablets and pharmaceutical powders. His other interests include the pharmacy internship training program.

Once again Lederle Laboratories is sponsoring an American Pharmaceutical Association Foundation award for research achievement in the advancement of pharmacy. Each award consists of an honorarium of \$1,000, a suitably inscribed certificate, and travel expenses up to \$300 to accept the award at the annual APhA convention in 1969.

The award is intended to recognize and encourage outstanding achievement in

theoretical as well as applied research in pharmacy.

Members of the APhA are invited to send nominations for the 1969 award before January 1, 1969. Nomination forms and additional information are available from Research Achievement Awards, American Pharmaceutical Association Foundation, 2215 Constitution Avenue, N. W., Washington, D.C. 20037.



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Drug Abuse—The Pharmacists Role in Public Education*

By DR. DAVID A. BLAKE, Assistant Professor of Pharmacology,
School of Pharmacy, University of Maryland

Drug Abuse is one of the most pressing problems in America today. Of course, the illicit use of drugs is not a new problem, it has been with us since before the dawn of medicine as a profession. **Examples:** However, throughout the ages, the use of intoxicating agents for their stuporous effects has been confined to relatively insignificant minority groups. The use of mescaline and psilocykin in certain South American religious cults is an ancient and continuing practice. The heroin addict has almost always been characterized as an economically deprived individual, an inner city dweller with little or no education, having a history of unhealthy parental relationships. Of course the social acceptance of alcohol in this country and marihuana in many foreign countries are important exceptions to this confinement.

What then makes the current **drug abuse** problem so urgent? In Pharmaceutical terminology, drug abuse today differs both qualitatively and quantitatively from the problem that existed in previous years. Drug abuse has become a problem of the middle class society. The affluent white suburbanite teenager is just as likely to be arrested for the illegal possession of drugs as is the poor young urban negro. The great increase in drug abuse is not with the opiate narcotics but rather with barbiturates, amphetamines, and hallucinogenic drugs.

And the illegitimate use of drugs by the younger generation is not confined to just a few "high school drop-outs" of hippy-type individuals. Rather it is occurring with a significant proportion

Drug Abuse Factors


Although it is not our purpose to exhaustively explore the causes of the drug abuse problem, some consideration of contributing factors will be helpful.

Because of the unprecedented success of the United States in economic development, our citizens enjoy unparalleled freedom. I am not referring to political freedom (I'm not so sure that that even exists today), but rather to intellectual freedom. Our grandparents spent much of their time in search of opportunity to improve their economic status. Today, the average American has a more comfortable living so that his attention may be shifted to questions like "What is social justice?". Should capitol punishment be abolished? "Is the draft unjust? Should all men enjoy equal freedom? Is war a crime?" And surprisingly, the loudest voice in these controversial and somewhat philosophical issues is coming from the teenage population. The same age group, that in the past, was characterized as being lazy, indifferent, girl or boy crazy, immature and unreliable.

Social Unrest

Certainly the war in Viet Nam is an important factor in the social unrest. Not only the teenager, but most adults feel that the war is senseless and represents a tremendous injustice to the young men who must make the supreme sacrifice there. The greater emphasis on higher education, technical skills, automation and professional education has created a void for some of our young people in the humanities and creative education. Thus they seek intellectual activities for which many of them are unprepared.

* Address delivered before the Baltimore Metropolitan Pharmaceutical Association, February 15, 1968.



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of our youth and the incidence is increasing at an alarming rate.

Possibly a more important factor is the general acceptance of alcoholic intoxication and psychotherapeutic agents for alleviating emotional stress among adults coupled with an indifferent attitude to the emotional problems of the adolescent. Thus, the slogan used by teenagers "You are the booze generation, we are the pot generation." There is no stigma involved in taking a tranquilizer for anxiety, and yet the psychological effect of release is not very different from that experienced by the heroin addict.

Certainly the liberal prescribing of psychoactive drugs for trivial adult neuroses has been a major contribution to the concept that there is a safe drug for treating every malady.

Fallacy and Myth

Finally, the factor I believe to be most important, is the great deal of fallacy and myth involved in drug abuse. I think it will be difficult to appeal to the public's sense of responsibility until they have the complete, objective and scientific facts about the potential dangers of indiscriminate drug use as well as possible effects of chronic drug use. The educational approach is the only truly curative measure, law enforcement and psychotherapy are symptomatic treatments. Clearly, the pharmacist is the one health professional who is in a position to inform the public on this topic. He has the broadest training in the pharmaceutical sciences and his professional responsibility concentrates on the protection of community health. Contrary to the opinion of some apathetic members of our profession, the pharmacist is an esteemed public servant. Very often the "corner drug store" is a rendezvous for local teenagers. Most parents know their community pharmacist personally, respect his opinion and follow his advice. Because of his professional status, the **informed** pharma-

cist would be an excellent speaker at high school assembly programs or PTA meetings involving drug abuse.

Participate in Education

Why then is the pharmacist not taking advantage of this opportunity to project his professional image by active participation in public education on drug abuse? I think the honest answer is that he doesn't feel particularly informed himself. The reliable scientific facts about drug abuse are scarce and poorly publicized, even among health professionals. In addition, many new concepts have evolved in recent years which are only just beginning to find their way into pharmaceutical education. This being the case, perhaps it would be of value to briefly consider some of the more important developments and generally accepted facts about drug abuse. Of course this will be only a beginning, those who wish to become truly qualified must do some homework.

Alpha Zeta Omega

Pi Chapter, Washington, D.C. and Kappa Chapter, Baltimore will have participated in the 48th Annual Convention of the Alpha Zeta Omega Pharmaceutical Fraternity held at the Marriott Twin Bridges Motel, Washington, D.C. July 21-25, 1968. Many of the original charter members will be present. Pi Chapter members are hosts.

Irving Rubin, editor of the **AMERICAN PROFESSIONAL PHARMACIST**, is the recipient of the A Z O Achievement Award.

THE AZOAN, the fraternity's convention program carries greetings to the fraternity from Dr. William J. Kinnard, Jr., Dean of the University of Maryland School of Pharmacy and Dean Chauncy I. Cooper, Dean of Howard University, College of Pharmacy.

Pharmacy power in the pharmaceutical organizational structure was stressed by Dean Kinnard.

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PRECAUTIONS: Pretreatment physical examination should specifically include breast and pelvic organs and Papanicolaou smear. Endocrine and possibly liver-function tests may be affected by treatment with Ovral; if abnormal, repeat tests after drug has been withdrawn two months. Pre-existing uterine fibromyomata may increase in size under influence of estrogen-progestogen preparations. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. Use Ovral with caution in patients with history of cerebrovascular accident. In breakthrough bleeding, as in all irregular vaginal bleeding, nonfunctional causes should be considered. In undiagnosed vaginal bleeding, take adequate diagnostic measures. Carefully observe patients with history of psychic depression; discontinue drug if depression recurs to a serious degree. Any possible influence of prolonged Ovral therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a small percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovral therapy. Because of the occasional occurrence of thrombophlebitis and pulmonary embolism in patients taking oral contraceptives, the physician should be alert to the earliest manifestations of the disease. Because of the effects of estrogens on epiphyseal closure, Ovral should be used judiciously in young patients in whom bone growth is not complete. Age is no absolute limiting factor, although Ovral may mask onset of climacteric. Advise pathologists of Ovral therapy when submitting relevant specimens.

Side Effects: The following adverse reactions have been observed in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (e.g., abdominal cramps and bloating; discomfort), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post-partum, cholestatic jaundice, migraine, acne, rash (allergic), hypertension, rise in blood pressure in susceptible individuals, mental depression; pain in legs, arms or body; paresthesias, allergy, palpitations, vasomotor symptoms, dyspnea, insomnia, blurred vision, chest pain, urinary tract symptoms, dyspareunia, neuralgia and myalgia, excess salivation, dryness of mouth, heartburn, minor eye problems.

Although the following side effects have been reported in users of oral contraceptives, no cause and effect relationship has been established: anovulation post-treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption, and itching and vaginal discharge.

The following occurrences have been observed in users of oral contraceptives. A cause and effect relationship has been neither established nor disproved: thrombophlebitis, pulmonary embolism, and neuro-ocular lesions.

The following laboratory results may be altered by the use of oral contraceptives—increased bromsulphalein retention and other hepatic function tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein-bound iodine and decrease in T_3 values; metyrapone test; and pregnandiol determination.

Note:

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APhA Tour

The American Pharmaceutical Association 1968 European Tour and Study Mission will be held August 10-September 9, 1968 affording pharmacists to attend the General Assembly of the International Pharmaceutical Federation to be held in Hamburg, Germany, August 31-September 6, 1968.

The General Assembly will include meetings of the scientific, medicinal plants, hospital, military, industry and press and documentation sections, as well as the Commission for the General Practice of Pharmacy, the World Union of Societies of History and the Commission of Pharmacopoeia Secretaries. Symposia include the distribution of medicaments in the pharmacy, the future role of FIP and Polypeptides with therapeutic action.

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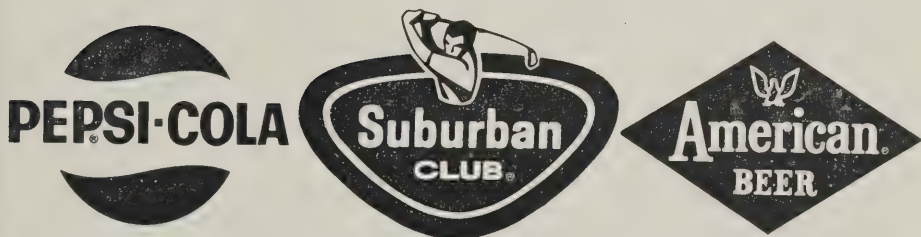
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Storage, Handling, and Dispensing Rx Drugs—

by

DR. PETER P. LAMY, Associate Professor of Pharmacy
University of Maryland, School of Pharmacy

Presented at the FDA Workshop Program for Dispensing Pharmacists, February 9, 1967, Baltimore, Maryland, sponsored jointly by the Maryland Pharmaceutical Association, Maryland State Department of Health, Maryland Board of Pharmacy, School of Pharmacy, University of Maryland, Food and Drug Administration, Baltimore Metropolitan Pharmaceutical Association and the Baltimore Drug Exchange.

In 1860, Oliver Wendell Holmes expressed his contempt for the nostrums of his generation as follows (1):

"If the whole *materia medica* could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

Some 40 years later, Osler said that morphine, atropine, quinine, mercury, digitalis and the salicylates were all the drugs needed to practice good medicine (1).

Things have changed for the pharmacist since then, as was recently pointed out by the FDA Commissioner (2):

"If the pharmacist is not compounding as much, he is most certainly dispensing more. In addition, his record-keeping is more extensive and the body of drug literature directed specifically to his attention is growing continually."

As the role of the pharmacist has changed, the law has changed also.

When a patient solicits the services of a pharmacist and the pharmacist consents to perform these services, the pharmacist-patient relationship is established. Under this duty the pharmacist is required by law to possess a reasonable and ordinary degree of knowledge and skill. The public safety and security against fatal consequences from mishandling of drugs is a consideration to which no pharmacist can safely close his eyes.

The legal measure is properly expressed by the phrase "ordinary" care. What is ordinary care will be proportionate to the danger involved; the greater the danger, the greater the care required. A failure to *know* might constitute negligence.

What does the pharmacist "have to know"? First and foremost, he has to know the law, and I would like to discuss a particular section of it, namely, section 501 of the FDA act:

"A drug or device shall be deemed adulterated if it consists in whole or in part of any . . . decomposed substance."

Under section 402, "food consisting in part of . . . bacteria . . . and mold . . . has been held to be adulterated, and drugs containing these substances would also be adulterated. Drugs in which decomposition has taken place because of water damage or freezing might be included." It is immaterial whether or not the article so adulterated is injurious to health.

To re-emphasize the problem, some factors which might cause a product to decompose are listed:

Heat, cold, light, hydrolysis, oxidation, reduction, volatilization, photolysis, deliquescence, efflorescence, exsiccation, and others.

The pharmacist must know how these processes can affect drugs, and he must know how to protect his stock. Again, a failure to know may constitute negligence.

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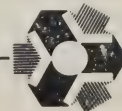
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What can the pharmacist do? The USP and NF provide guidelines, but of the approximately 13,000 drugs and dosage forms, only about 1,000 are listed in the official compendia.

Nevertheless, the compendia do give us directions which must be followed in

The Storage of Drugs

While manufacturers adhere to USP and NF policies, they can do little about the proper storage of their products by others, i.e., the community and hospital pharmacist. Thus, the burden for proper storage rests with the pharmacist.

The first question that might be raised is: How long can a pharmacist store a certain item? Dr. Friend (3) recently noted that there appears to be no concrete information on just how long many commonly used drugs retain their original potency. There are, he continues, no general regulations against dispensing of drugs of unknown age.

To overcome this, at least in part, storage regulations have been established. The USP specifies certain temperatures at which some drugs must be stored. Recently, Chain Store Age (4) listed at least 250 drugs that must be refrigerated. However, the USP does not indicate what, specifically, would constitute Room Temperature, nor does the USP define the range of temperature between 15°C (cold storage) and 49°C (excessive heat). When an official monograph does not list any specific storage conditions, it is understood that the conditions include protection from moisture, freezing, and excessive heat. Again, the pharmacist must know.

However, state laws are being changed. New York, for example will license a pharmacy only if it includes a refrigerator which will be ample to store all items that need to be refrigerated, which may be as many as 250.

It has already been pointed out that normal storage conditions must protect the drug from moisture, and it is im-

portant to realize that the manufacturer's original container with a safety-seal or some other closure may not necessarily be tight or well-closed once the bottle has been opened.

The pharmacist must also be familiar with the so-called "dated products." The USP Revision Committee states that "for several articles . . . the label is required to bear an expiration date limiting the period during which the article may be expected to have the labeled potency *if it has been stored as prescribed*" (5). The emphasis should be placed on the "if"—if it has been stored correctly, leaving the pharmacist to assume this duty. He must replace all out-dated stock. Yet, the list of dated drugs increases continuously, so that recently about 450 of these drugs were listed (4), and more and more vitamins and baby foods are being added to this category, forecasting a day when almost all drugs may be dated.

Handling of Drugs

A pharmacist who buys a drug in bulk and then bottles it and places his own label on it, warrants it to be what he represents it to be. Upon the slightest proof of negligence, the pharmacist will be liable for any injury resulting from the use of such a drug. The pharmacist must also place on every individual label the control number of the manufacturer, so that in case of a recall the pharmacist will be able to cooperate. Incidentally, it is for the same reason that a pharmacist may not empty drug samples into one large container. It might also be interesting to point out that if a hospital pharmacist decides to manufacture his own parenteral products, he must know that the USP and NF specify a certain type of glass for at least 200 different drugs (6).

Additionally, there are about 40 drugs which must be reconstituted before dispensing, and care must be taken in selecting the correct diluent and in placing an expiration date on the label.

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CONTEMPORARY GREETING CARDS

One other aspect to be discussed here is that of measuring liquids. Some pharmacists still use graduated bottles to measure liquid preparations, even though one of the manufacturers points out that an error of approximately 2.5% will be incurred using this method (7), while the specifications of the National Bureau of Standards place a limitation of approximately 0.6% error in this process (8).

Dispensing of Drugs

The USP defines ophthalmic solutions as "sterile solutions, free from foreign particles" (9). Although the FDA has not applied this standard to ophthalmic solutions prepared by the community pharmacist, it is conceivable that they might do so in the future, and as discussed previously, any drug containing bacteris is considered adulterated.

While it is not advocated that every pharmacy provide facilities to make sterile ophthalmic preparations, it is most strongly suggested that a pharmacist should refill *the prescription, not the container*. Most bottles returned to the pharmacist are probably contaminated.

In dispensing drugs, the pharmacist must know that the USP and NF list approximately 500 drugs, which must be dispensed in a light-resistant container, to protect them from decomposition (8). Dr. Archambault (10, 11) strongly favors dispensing drugs in amber containers. The Public Health Service adopted light resistance as a requirement for all prescription containers more than 16 years ago (11). Some time ago, the American Society of Hospital Pharmacists passed a resolution "condemning the practice of using paper boxes or envelopes as medication containers" (10). As far back as 1945, Assistant FDA Commissioner Crawford issued the following statement (12):

"Where light protection is indicated for a USP preparation and that preparation is dispensed by a pharmacist in a container not as-

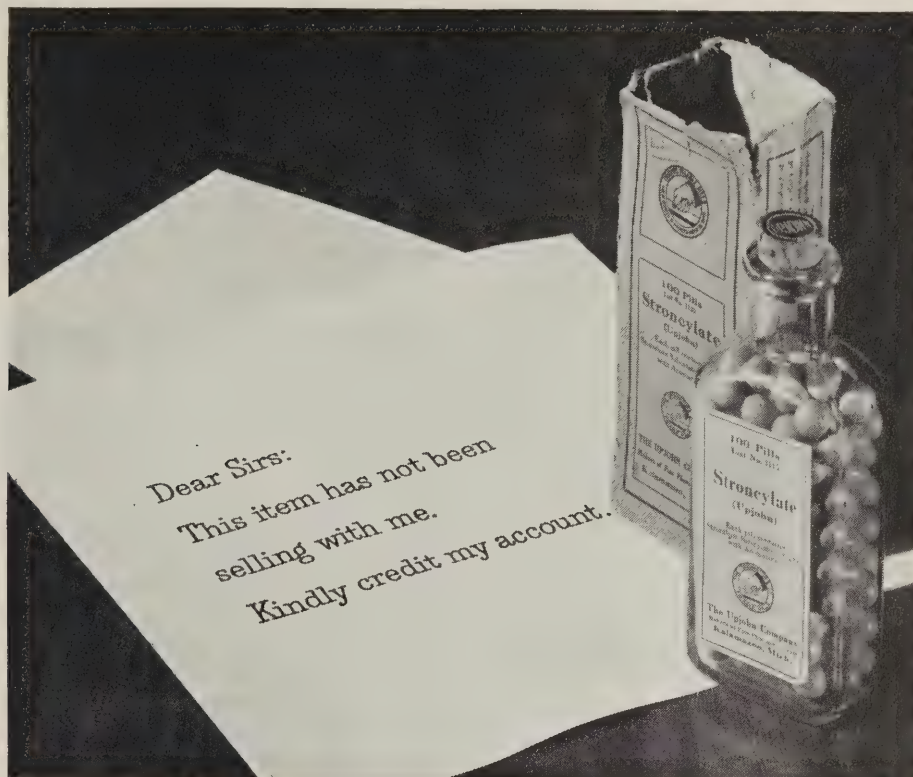
suring this protection, that prescription, when sold in interstate commerce, would be deemed misbranded under the Federal Food, Drug and Cosmetic Act."

Fortunately, amber glass will afford the pharmacist an easy method to comply with official regulations. According to Swartz *et. al.* (13) green glass, however, will not give a product the same degree of protection.

In choosing the container, the pharmacist must also know that the drug might have to be protected from moisture. Some of the plastic containers have been shown to permit the passage of water vapors. Knowledge of this is important when it is recalled that most people keep prescription drugs in the medicine cabinet in the bathroom, a source of high humidity. The pharmacist is, furthermore, faced with a decision when he dispenses a drug that the manufacturer packages with a desiccant. Should he also include one of these when large quantities of a prescription drug are dispensed? There is no easy solution, since of the 200 leading drugs, 108 must be dispensed in tight containers, i.e., the container must afford protection from moisture.

Having selected the proper container, the pharmacist is now faced with the task of correctly labeling this preparation. Although there may not be any laws which tell the pharmacist what to do, he must certainly use his professional judgment. For instance, there are at least 30-40 drugs which will discolor the patient's stool, and many more that will discolor the urine. Should a cautionary label be added?

Dispensing and labeling of antibiotics, in particular, may be difficult. Pharmacists know that some patients will not use all of the medicine a physician has prescribed. Rather, they will keep it for possible future use. With antibiotics, this is fraught with danger. If the patient does not take the recommended



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number of doses, the disease may easily recur, and if it does recur, it may do so much more severely, due to the development of resistant strains. Should the pharmacist, therefore, add a label cautioning the patient to use the full number of recommended doses or discard any that might be left? In light of recent disclosures, the answer would have to be an unqualified "yes."

Not too long ago it was shown that patients using out-dated tetracyclines may incur a Franconi-like syndrome, e.g. acidosis and marked muscular weakness. This is caused by degradation products of the drug (14). More recently came reports that breakdown products of penicillin, particularly penicilloic acid, are responsible for causing penicillin sensitivity rather than the unchanged penicillin molecule (15). Therefore, it would seem that it is the pharmacist's professional duty to caution the patient against keeping unused medications at his home.

The responsibilities of the pharmacist are increasing and, under the law and pursuant to his professional duties, he must exercise great care once the pharmacist-patient relationship has been established.

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DR. LEY SUCCEEDS DR. GODDARD

Dr. Herbert L. Ley, Jr., director of the Bureau of Medicine in the Food and Drug Administration was appointed by President Johnson on April 7, 1968 as Commissioner of Food and Drugs to replace the retiring Commissioner Dr. James L. Goddard. Dr. Ley was recommended by Health, Education and Welfare Secretary Wilbur Cohen for the appointment.

Dr. Ley was appointed director of the FDA Bureau of Medicine in 1966. Previously he was a professor of bacteriology at George Washington University and associate professor and chairman of the Department of Microbiology at the Harvard School of Public Health.

The Maryland Pharmaceutical Association extends its best wishes to Dr. Goddard on his future endeavors.

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Early Pharmacy in the Baltimore Campus Area (University of Maryland)

By B. F. ALLEN

The School of Pharmacy session of 1925-26 opened with a student body of two hundred and forty. This was an increase of one hundred and forty-one students from the session of 1921-22. Therefore, additional space was needed not only to care for the students but also for the increase in the number of classes due to the establishment of the three-year program.

Several alumni, disappointed in their efforts to secure funds from the State of Maryland, formed the Greene Realty Company and purchased the building at 6 and 8 South Greene Street (a vacant lot at the present time) for \$32,000.

The building was a four story factory-type structure (often referred to in later years as the Box Factory by many former students and faculty members), and after some refurbishing, was occupied by the School of Pharmacy on October 2, 1926. (This building was leased to the University of Maryland, at a nominal rent by the alumni group).

New laboratories for dispensing pharmacy, physics and zoology were equipped in this building. The offices, reading room and library were established on the first floor. However, the old Church and Dental buildings were still used for the remaining courses in the pharmacy program.

When the University of Maryland opened its doors to pharmacy students in 1926, the Greene and Lombard Streets region was already encroached upon by many busy neighborhood drug stores, as well as several pharmaceutical manufacturers and other closely allied industries.

In recent years numerous photographs, maps and diagrams have ap-

peared in the local newspapers depicting the general ground area expected to be covered by the University of Maryland in Baltimore at some time in the future. One such proposed expansion extended to Fayette Street on the north, Paca Street on the east, Washington Boulevard on the south, and Fremont Avenue on the west. (However, one very recent projected map indicated the future location of a Veteran Administration Hospital covering the following boundaries: Pratt Street south and beyond the Washington Boulevard, Fremont Avenue on the west and Eutaw Street on the east).

Map of Campus

The following map shows the present Baltimore campus, and points of pharmaceutical interest around the year 1926 and before, within the proposed expansion area bounded by Fayette and Paca Streets, the Washington Boulevard and Fremont Avenue.

BUILDING LEGEND:

- (1) "Old Main" now Davidge Hall
- (2) Pharmacy Department of Medical School (1904-1922), now Medical Technology Building
- (3) Pharmacy School (1922-1926), present site of Bressler Research Building
- (4) Pharmacy School (1926-1929), now a vacant lot which is included in the proposed location of the new North Hospital
- (5) Pharmacy School (1929-1958), now called 32 S. Greene St. building
- (6) Kelly Memorial Building (erected in 1953) in which is located the Maryland Pharmaceutical Association and the Cole Museum
- (7) Pharmacy School, present time (erected in 1958)
- (8) Sinush's drugstore

A continuing article, Part I, was published in *The Maryland Pharmacist*, August 1966. The author is Associate Professor of Pharmacy, University of Maryland School of Pharmacy.

- (9) Kaluska's drugstore

(10) Bambach's drugstore (this pharmacy was at one time operated by Charles Caspari, Jr., first Dean of the School of Pharmacy, (1904-1917).

(11) Solomon's drugstore (Simon Solomon Pharmacy Economics Seminar named in honor of the proprietor)

(12) Lang's Prescription Chemists

(13) Gosman Ginger Ale Company (Adam Gosman is said to have "invented" gingerale and at one time operated a drugstore at Charles and Mulberry Streets).

(14) Schulte's drugstore, established about 1853 (reputed to be the old est in this city when it closed several years ago).
- (15) John F. Hancock and Son, manufacturing pharmacists established 1854 (reported to be the first in America to manufacture throat lozenges for use by or on the prescription of physicians).

(16) Resinol Chemical Company

(17) Residence of druggist Henry B. Atkinson, one of the incorporators when the Maryland College of Pharmacy was incorporated by the Maryland Legislature on July 29, 1841.

(18) Miller Drug Sundry Company, wholesale distributor

(19) Baltimore General Dispensary (reported to have received financial support from John F. Hancock and Son)



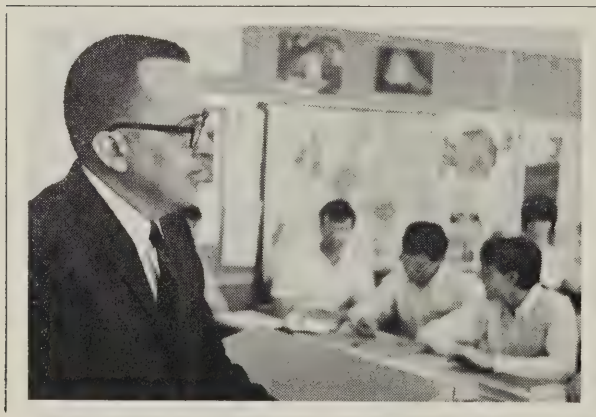


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William J. Bowen and Utah Pharmaceutical Association win APhA PEAC Awards

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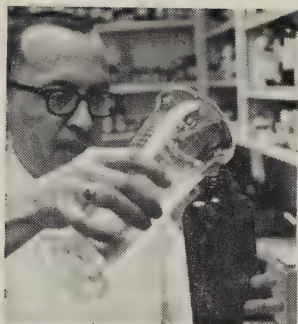


Miami Beach, Fla., May 5-10, 1968—William J. Bowen, a community pharmacist of Titusville, Pa., and the Utah Pharmaceutical Association were named the winners of the 1967 APhA Public Education Awards Competition, sponsored by Pfizer Laboratories Division. Presentations were made at the APhA Annual Meeting in Miami Beach in May.

The PEAC awards are among the highest in pharmacy. Now in their seventh year, they are presented to the individual pharmacist and to the pharmaceutical organization whose contributions are judged most effective in educating the general public to pharmacy's role in improving community health.

The awards consist of a trophy, a cash prize of \$500.00, and an expense-paid trip to the APhA Annual Meeting.

Mr. Bowen lecturing on drug abuse before a group of students in Pennsylvania.



Pharmacist William J. Bowen in the prescription department of his pharmacy in Titusville, Pa.

Campaigned Against Drug Abuse—By means of lectures throughout the state of Pennsylvania, Mr. Bowen sought to make the public, especially young people, aware of the dangers of drug abuse. He used newspapers, radio, lectures, sermons and classroom teaching sessions in a one-man campaign to combat drug abuse. He was nominated for the individual PEAC award by James B. Stevenson, publisher of The Titusville Herald.

The Utah Association also sought to educate and motivate teenagers against drug abuse. It organized a "speakers' program on drug-abuse education" in the state's 177 junior and senior high schools and in the young groups of the Church of Jesus Christ of Latter-day Saints.

Winning entries in the individual and organization sections were on ex-

hibit at the 115th APhA Annual Meeting in Miami, May 5 to 10, 1968. A total of 46 entries were nominated in the 1967 PEAC, the largest number since the program was started in 1962.

Judges of Competition—Members of the Public Relations Committee of the APhA serving as judges were Chairman Edward S. Brady of California, Joseph A. Carson of Illinois, J. Harris Fleming of New York, Malcolm W. Forte, Jr., of Georgia, and William L. Long of Indiana. Also participating in the judging was Edward P. Vonder Harr of Ohio, President of the Public Relations Society of America.

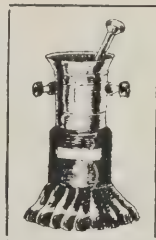


George W. Grider (left), President of the APhA, and J. Harris Fleming, Director of Trade Relations for Pfizer Laboratories Division, discuss the award-winning entries. The 1967 APhA Public Education Awards were presented at the Annual Meeting of the APhA in Miami Beach during the week of May 5-10, 1968.

ENTER now for 1968 APhA awards to be presented at Montreal meeting



With the Mormon Tabernacle providing an impressive background, officials of the Utah Pharmaceutical Association are honored for winning the organization award in the 1967 APhA Public Education Awards Competition. Shown here (left to right) are J. Harris Fleming, Director of Trade Relations for Pfizer Laboratories Division; George W. Grider, President of the APhA; and Utah State Pharmaceutical's Fred R. Homer; Tenney T. Johnston, President; W. Alan Creer, President-elect; and H. Ward McCarty, Executive Secretary.



You may enter yourself or nominate some other person or organization. A brochure outlining the rules for prospective entrants and entry blanks are available on request from:

Public Education Awards Competition, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

Deadline for all entries is December 31, 1968. Awards will be made and winning entries displayed at the 1969 APhA Annual Meeting in Montreal, Canada, May 17-23, 1969.

Swain Model Pharmacy Cole Pharmacy Museum

You can advance the profession of pharmacy by your participation in two projects: Swain Model Pharmacy and the Cole Pharmacy Museum.

The urgent need for a model pharmacy at the University of Maryland School of Pharmacy to serve as a tool for instruction and demonstrations has long been recognized. The Maryland Pharmaceutical Association has taken the leadership in sponsoring the establishment of a model pharmacy in memory of Dr. Robert L. Swain, distinguished Maryland pharmacist who became one of the national and international leaders of his profession. The Swain Model Pharmacy has been installed on the first floor of Dunning Hall on the Baltimore campus of the University of Maryland.

The Swain Model Pharmacy has been designed to incorporate the finest facilities and modern equipment so as to serve as a standard of excellence for both students and graduate practitioners of pharmacy. An ophthalmic prescription laboratory and a reference library section to enable the pharmacist to discharge responsibilities as a drug consultant are integral parts.

Nowhere in Maryland is there a focal point for the collection and preservation of the artifacts and memorabilia of pharmacy. Many collections of pharmaceutical antiques are rapidly being dispersed or lost. The Cole Pharmacy Museum, named in honor of Dr. B. Olive Cole, the renowned Professor Emerita of the School of Pharmacy has therefore been established. The Maryland Pharmaceutical Association is fortunate in being the beneficiary of the major portion of the large collection of the late L. Manuel Hendler, a long-time friend of pharmacy. The Association is grateful to the Hendler Foundation for donating this magnificent and unique collection. There are also other collections which

may become available when suitable exhibition facilities are completed.

The Cole Museum encompasses exhibition cases in the foyer of the Kelly Memorial Building, the main meeting hall on the lower level and the adjoining room, which is planned as the L. Manuel Hendler Apothecary Shop as a restoration of an old time pharmacy.

The two thousand pharmacists in Maryland, through these two outstanding projects, have an opportunity within their grasp to participate in what many consider to be one of the most progressive steps taken by our profession in more than a decade. While substantial support is expected and will be forthcoming from many manufacturers, wholesalers and friends, it is the profession of pharmacy itself which stands to gain most in dignity and prestige through this display of these treasures of the past, and the use of this model pharmacy of the future.

A FAIR SHARE

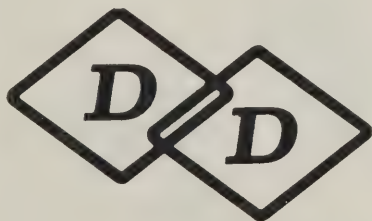
Any gift, large or small will be helpful. The pharmacists; "fair share" participation is based on a simple equation. To meet our goal, we must raise fifteen thousand dollars from the two thousand pharmacists of Maryland as their share of the total cost. If the perfection of one hundred percent pharmacists' participation could be achieved, this would be less than ten dollars from each; a small gift to be sure. Yet there may be those who will want to give more; others for various reasons may not give. Your participation is urged for as large a gift as you can afford, so that we can be certain of success.

Names of all participants will be inscribed in an Honor Roll of Contributors to be handsomely bound and to become a permanent record within The Cole Museum.

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A limited number of memorial opportunities are available for more substantial gifts. You may contact the chairman of the Swain-Cole Fund for more information.

All gifts are needed. Gifts large or small may be given with great dignity and pride—as your part in this progress for pharmacy.

Substantial financial support, in addition to that from Maryland Pharmaceutical Association, has already been granted by the Alumni Association of the University of Maryland School of Pharmacy, the Baltimore Metropolitan Pharmaceutical Association, and firms in fields of drug manufacturing, wholesaling and pharmacy practice.

At this time an appeal for additional support is being made to all pharmacists in Maryland and to other manufacturers, wholesalers and suppliers in the field of pharmacy.

This is an opportunity for pharmacists and those associated with pharmacy to participate in projects which will

- * Serve as educational tools for students and graduates.
- * Gather and preserve the artifacts and memorabilia of the profession and its leaders.
- * Be a potent public relations means in enhancing pharmacy's image with the general public and other professions.
- * Serve as stimuli to attract outstanding young people to consider a career in pharmacy.

In order to be part of this effort to elevate and enhance the profession, send your contribution or pledge to the:

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Adverse Drug Reactions

By JULIAN MORRIS*

Two of modern medicine's most pressing problems—adverse drug reactions and great variations in the effectiveness of drugs among individual patients—will be investigated under a research grant awarded to the University of Kansas Medical Center by the NIH National Institute of General Sciences.

The Kansas study brings to 15 the number of projects begun by the Institute in a national pharmacology-toxicology research program. The program started three years ago with a special mandate from Congress.

DRUG HAZARDS

Interest in drug hazards has intensified in recent years because of the tremendous and increasing use of drugs, especially on a long-term basis. The ultimate goal of the Institute program is to gain sufficient knowledge relating chemical to biological function of drugs and to learn how these relate to the drug's therapeutic activity. This data will lead to the development of new drugs and to a means of predicting drug activity in patients, thereby making drug use safer and more effective.

The Kansas research team, headed by Dr. Daniel L. Azarnoff, will focus particularly on factors which may alter to an abnormal degree the response of individual patients to the same drug. These include genetic factors such as sex, blood type and allergies, as well as the various diseases under consideration and prior to concurrent exposure of patients to other chemicals. Other studies will deal with influences of body temperature, atmospheric pressure, and radiation on drug metabolism, and with measurements of human adaption to drugs.

*National Institute of Health
Office of Information

IMPROVED ANIMAL RESOURCES GOAL OF THREE NEW GRANTS

Three grants to increase the supply of laboratory animals needed in medical research and to improve their care have been awarded by the National Institutes of Health, Division of Research Facilities and Resources.

University of Illinois Grant

A grant to the University of Illinois College of Medicine, Chicago, will help establish a primate breeding colony. The pregnant and newborn monkeys will serve in such studies vital to understanding human health as: relationships between the development of the nervous system and behavior; excretion of wastes by the fetus; the connection between low blood sugar levels and behavior; and factors causing cervical cancer.

Yale University Grant

Yale University's College of Medicine in New Haven grant was for diagnosis and study of laboratory animal diseases. This kind of research with the rhesus monkey first identified and described pulmonary nocardiosis, a fungal disease easily confused with tuberculosis.

Johns Hopkins Grant

The grant award to Johns Hopkins University, Baltimore, will improve their animal colony's physical facilities, equipment and management. The resulting improved care program for rabbits, mice, rats, and guinea pigs will aid the cause of research in biochemistry, genetics and immunology.

These new grants bring the total NIH Animal Resource Program grants to 38 for the fiscal year 1968. Approximately 20 additional grants are planned during the remainder of the fiscal year.

INDEX TO ADVERTISERS

Firms advertising in THE MARYLAND PHARMACIST, the official publication of the Maryland Pharmaceutical Association, your state association, merit your consideration, your good will and your support and cooperation.

Let our advertiser's representative know that you saw their advertisement in THE MARYLAND PHARMACIST as they call on you. A letter to the home office could prove very helpful in maintaining an advertising contract. A word of solicitation or a request for support to representatives of firms not advertising, may result in obtaining additional advertisements.

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References: (1) Siver, R. H.: CMD, 21:109, September 1954. (2) Frykman, H. H.: Minn. Med., 38:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., 51:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., 15:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., 58:2672-2673,

August 1958. (6) Weekes, D. J.: EENT Digest, 25:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., 20:591-593, November 1965.





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Privilege Of ALL People
See Editorial: "Innovation
Needed To Meet Challenges", Page 572**

**Continuing Education Program
For Maryland Pharmacists
Begins October 3. Page 594**

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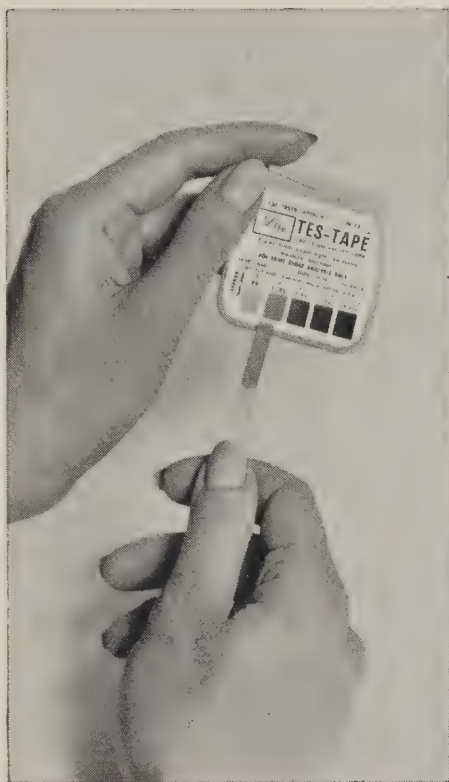
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The Maryland Pharmacist

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Volume XLIII

JULY, 1968

No. 10

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The views expressed in **The Maryland Pharmacist** signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

The **Maryland Pharmacist** is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore, Md. 21201. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879

Editorial

Innovation Needed to Meet Challenges

The new patterns of life in our society are bringing with them new systems for the delivery of health care.

Not too long ago we had two classes of medical care. One class was provided through payment of fees for service by the public to private medical practitioners. The second class was "charity medicine" at the private physician's office or at a hospital or charity clinic.

In Maryland we have seen the Baltimore City and County Medical Care Programs evolve in twenty years from a small, insignificant program to the present "Medical Assistance" or "Medicaid" Program covering almost 300,000 persons.

In addition, we have Regional Health Programs, OEO Comprehensive Health Centers, Pediatric Comprehensive Health Programs, Maternal Health and other programs.

At the same time we see large areas of our urban centers and locations in our rural areas that do not have adequate medical resources. There are many indigent, medically indigent and low income citizens who do not have ready access to proper health care. Of course, it is in answer to these needs that the proliferating government sponsored programs have been established.

During the past decade, we have seen large parts of our inner cities abandoned by health professionals for more affluent, more comfortable areas that are not associated with crime, delinquency, unemployment, violence and urban decay.

For some time the pharmacist had often become the only health professional left in a neighborhood. Urban renewal and civil disorders have accelerated the departure of many pharmacists from urban slum areas and ghettos.

Pharmacists must give greater attention to the problems of the inner city and the impoverished rural communities. We must come up with innovative approaches for providing full health care where there are inadequate personnel or facilities. We must make sure that the pharmaceutical needs of all people are met through professional pharmaceutical services. We must try to effectuate this through the private sector. When necessary, we must come up with imaginative methods of combining private and governmental resources.

We must consider, for example, the setting up of non-profit foundations to plan and finance health facilities where the private sector is not now operating. These foundations could utilize private health practitioners, including private pharmacists to provide the actual service.

Pharmacists cannot sit back and expect a vacuum to develop and remain. If the private sector alone, or in combination with government will not assure comprehensive health care—preventative, diagnostic, remedial—then certainly the government will do so.

Now is the time for pharmacists to step forward and work through their professional societies to meet the challenge implicit in the mandate of Congress: **health care is a right, not a privilege of all people.**

Congratulations and Best Wishes
to the newly elected officers
of the
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President's Message

My Fellow Pharmacists:

The statements I made at Atlantic City are all the more appropriate now that we have been rebuffed by the Governor in our efforts to obtain a reasonable and fair fee for servicing Medicare Prescriptions.

Secretary Al Geser of New Jersey said just recently that pharmacists must develop political muscle . . . this is so true.

The secret of political muscle is MEMBERSHIP. Every pharmacist must be made to see that membership in the MPhA is his answer in contacts with manufacturers and political groups.

Give the MPhA the membership and you give it the political muscle to fight your battles on a level our adversaries understand: STRENGTH . . .

I do not believe that it is too much to ask of our pharmacists to give \$25.00 a year to this sort of an undertaking. They will throw far more than this away on far less important things during the course of the year.

The old adage that "in unity there is strength" was never more appropriate nor more true.

To paraphrase Winston Churchill, "Give us the members and their support and we will fight for them in the committee chambers, the smoke filled rooms and the legislative halls."

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President

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Meet the President



SAMUEL WERTHEIMER

Our President, Mr. Samuel Wertheimer for the year 1968-69, can be looked upon as a 'community man' as well as a community pharmacist.

Mr. Wertheimer was born and raised in Cumberland, Maryland, graduated from the Cumberland High School and entered the United States Army in 1941 as a buck private. He served in both the Quartermaster Corps and in Field Artillery in the European Theater of Operations and was discharged in 1945 as a Chief Warrant Officer.

Upon his return from the Army, Mr. Wertheimer attended the Philadelphia College of Pharmacy and Science, graduating in 1951 and joined his uncle in his native Cumberland as a pharmacist and has remained there, serving his community not only as a pharmacist but in many other capacities.

His fellow pharmacists in the Allegany-Garrett County Pharmaceutical Association, in which he has served as both President and Treasurer, look to him for advice and guidance when the going gets tough.

Mr. Wertheimer is a member of the B'er Chayim Congregation in Cumberland and has served his community as Vice President of the Health Research Foundation, Treasurer of the Associated Charities; Treasurer of The Allegany-Garrett Nursing Home and as a director of The Allegany-Garrett Heart Association.

He is married to the former Elizabeth Shellhaus and they have one son, R. Joseph, who is a Junior at St. Francis College at Loretto, Pennsylvania.

Mr. Wertheimer has served as a member of the Executive Committee since 1960. He was chairman of the 1968 MPhA Convention and Chairman of the Resolutions Committee.

—o—

Pharmacy Calendar

Thursday, September 26—B.M.P.A. General Membership Meeting, Kelly Building, Baltimore, 10:00 P.M.

Thursdays, October 3, 10, 24, 31, November 7—Continuing Education Lecture Sponsored by U of M School of Pharmacy and MPhA

Sunday-Thursday, October 6-10—NARD Convention, Boston

Thursday, October 17—MPhA Fall Regional Meeting, Holiday Inn, Frederick, Md. ,

Saturday, October 19—Prince Georges-Montgomery County Pharmaceutical Association Annual Scholarship Dinner Dance, Sheraton Inn, Silver Spring.

Sunday, October 20-26—National Community Health Week

Monday, October 28-November 7—Israel Tour Sponsored by U of M Alumni Association, School of Pharmacy

November 17-23 — Diabetic Detection Week

Sunday, January 26, 1969—B.M.P.A. Banquet and Installation of Officers, Emerald Gardens, Baltimore.

Secretary's Script ...

A Message from the Executive Secretary

1968 Convention

From the comments received, those who attended the Maryland Pharmaceutical Association's 1968 Convention were pleased with the programs and the entertainment features. Some who attended for the first time were kind enough to tell us how pleasurable it was.

Next year the MPhA Annual Convention will be held at Tamiment-in-the-Poconos, July 13-18, 1969. Set aside those few days or plan to spend the full week taking advantage of our special convention rate to have a vacation. Tamiment is the perfect site for a combined convention and vacation. There are superb facilities for recreation and entertainment for every age and every taste.

Next year plan to devote a few days to your profession in a delightful setting.

Continuing Education

The Maryland Pharmaceutical Association has long been concerned with establishing a continuing education program for pharmacists. Working with the School of Pharmacy, we have presented the Swain Pharmacy Seminar. MPhA also inaugurated the Simon Solomon Pharmacy Economics Seminar.

In October the first Continuing Education Series will be launched jointly by the University of Maryland School of Pharmacy and the MPhA under Paul Freiman, Chairman and Dr. William J. Kinnard, Jr., Co-Chairman. Details are in the mail and as enrollment will be

limited, it is suggested that interested pharmacists enroll early.

Much credit is due Chairman Paul Freiman who exercised great persistence and patience over the past few years as MPhA Chairman of the Swain Seminar and Continuing Education Committee. He fortunately had the support of an excellent committee from both the faculty and the Association. The appreciation of all is merited for the fruition of this project which is so vital to the progress of the profession.

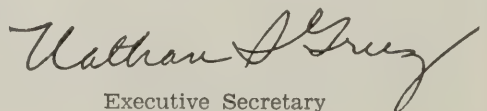
Membership— Membership

Enrollment of new members and maintenance of membership is the lifeblood of every Association. A stepped up campaign has been launched under the leadership of the Membership Committee, Chairman Joseph U. Dorsch.

You may expect visits from one of the officers, area chairmen or representatives of the MPhA staff. Paul Reznick, Assistant to the Executive Secretary, will be visiting many members as well as the unaffiliated. We would appreciate your granting a few minutes of your time to those who take the time, effort and expense to visit you.

Our goal: every pharmacist a member of MPhA; everyone associated with pharmacy a sustaining, affiliate or associate member.

Sincerely,


Executive Secretary

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Convention-1968-Roundup

Samuel Wertheimer, of Cumberland was elected President of the Maryland Pharmaceutical Association for 1968-69 at the 86th Annual Convention of the Association held at the Shelburne Hotel in Atlantic City, New Jersey.

Mr. Wertheimer is the Past-President of the Allegany-Garrett County Pharmaceutical Association, Vice President of the Health Research Foundation and Treasurer of Associated Charities in Cumberland as well as Treasurer of the Allegany County Nursing Home. He has also served as a Director of the Allegany-Garrett County Heart Association.

Officers

I. Earl Kerpelman of Salisbury was elected President-Elect. Serving as Vice Presidents will be Sidney L. Burgee, Jr. of Baltimore, Jerome Mask of Dundalk and Melvin J. Sollod of Adelphia. Morris Lindenbaum was re-elected Treasurer and Charles E. Spigelmire of Baltimore chosen Honorary President. Nathan I. Gruz was re-appointed Executive Secretary of the Association.

Simon Solomon Honored

Mr. Simon Solomon, distinguished Baltimore pharmacist who has served as a member of the Executive Committee for 30 years was elected as first Honorary Life Member of the Executive Committee.

Executive Committee

The immediate Past President, Milton A. Friedman will serve as Chairman of the Executive Committee. Members of the Executive Committee are:

DISTRICT 1, Eastern Shore: Charles W. Bennett, Jr.—Salisbury and Philip D. Lindeman—Salisbury.

DISTRICT 2, Central: Joseph U. Dorsch—Baltimore; Donald O. Fedder—Dundalk; Wilfred H. Gluckstern—Towson; Irwin Kamenetz—Baltimore; Bernard B. Lachman—Baltimore; Alexander J. Ogrinz, Jr.—Baltimore; Anthony

G. Padussis—Baltimore and Nathan Schwartz—Annapolis.

DISTRICT 3, Southern: Harold M. Goldfeder—Riverdale; Morton J. Schnapper—Bethesda; Dominic J. Vicino—Mt. Rainier and Morris R. Yaffe—Potomac.

DISTRICT 4, Western: William C. Chatkin—Hagerstown and Jay E. Levine—Hagerstown.

DISTRICT 5, Northern: Robert J. Martin—La Vale and James P. Struntz—LaVale.

Committee Men At Large: John R. McHugh and H. Nelson Warfield.

Ex-Officio Members: Francis S. Balasone, William J. Kinnard, Jr. and Gordon A. Mouat.

Panel Discussion

The Convention featured a panel discussion on the "Pharmacists Emerging Role in Health Care." The panelists were:

Morris R. Blatman, Executive Secretary, Philadelphia Association of Retail Druggists—"The Role of the Community Pharmacist."

Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists—"Institutional Pharmacy."

Noel F. Parris, Jr., Director, Pharmaceutical Services, Columbia Point Health Center, Tufts University "New Dimensions for The Pharmacist In Patient Service."

Pharmacists of The Future

Mr. Blatman in his presentation noted that "I like to think that I have studied the past. I see the present in the light of the past and I am now ready to predict the future as I wish it were going to happen.

In this imaginary environment I see the final fulfillment of pharmacy. I see the pharmacist as:

1. The distributor of drugs—
 - (a) by prescription of the physician

- (b) by self-selection with the consultation of the pharmacist.
2. The distributor of home health care services.
 3. The distributor of drugs and services to those confined to institutional environments other than hospitals.
 4. The consultant to the patient.
 5. The co-professional with the physician, dentist, podiatrist, nurse, etc.
 6. The keeper of pertinent health data as it pertains to drugs.
 7. The distribution of health information to the community.
 8. The community's unofficial or offi-

cial health care officer because of his knowledge of health matters as it pertains to the community.

"When we have reached this point we too, will be in the category of health care practitioner—too busy to take on any additional projects," Mr. Blatman concluded.

Professional Opportunities

"The pharmacist in the institutional environment is being presented tremendous opportunities for real live professional practice of a type never before envisioned. What is required is **change**—change of attitude, change of educational background, change of philosophy and others. We must be prepared



Courtesy Paramount Photo Service.

1968-69 Maryland Pharmaceutical Officers elected at the Annual Convention at the Shelburne Hotel in Atlantic City

President Samuel Wertheimer, Cumberland, third from left

The Officers from left to right are Melvin J. Sollod, Adelphi, Vice President; I Earl Kerpelman, Salisbury, President-elect; President Wertheimer, Jerome Mask, Dundalk, Vice President; Nathan I. Gruz, Executive Secretary; and Charles E. Spigelmire, Baltimore, Honorary President. Not present for the photograph were Sydney L. Burgee, Jr., Baltimore, Vice President and Morris Lindenbaum, Reisterstown, Treasurer.

to accept change and to step up into these important roles," Mr. Oddis told the convention.

Table Clinics

There was also a program of Table Clinics with practicing Maryland Pharmacists explaining various pharmaceutical procedures such as the preparation of ophthalmic solutions. Panelists were:

Stephen J. Provenza, "Formulas for Sonic Denture Cleaners."

Aaron M. Libowitz, "Return Goods Policies"

Morton J. Schnaper, "Preparation of Sterile Eye Solutions"

Morris R. Yaffe, "Pharmacy Internship Programs"

Sydney L. Burgee, Jr., "Dispensable Hydrocortisone Retention Enema."

Irvin I. Cohen, "Formulas for the Retail Pharmacist"

Victor H. Morgenroth, Jr., "Pharmacists as Drug Consultants"

Other Convention speakers were:

William J. Kinnard, Jr., Dean University of Maryland School of Pharmacy, "Pharmacy Education—The Road Ahead"

William L. Ford, Executive Vice President National Wholesale Druggists' Association, "Drug Wholesaler and Practicing Pharmacist—One Team"

Continuing Education

Dean Kinnard in discussing continuing education being developed by the University and MPhA said, "The educational program will be expanded out of the confines of the undergraduate and graduate classroom and into the area of post-graduate or continuing education. The changes that take place in any profession occur so rapidly that, in some cases, our scientific knowledge becomes obsolete almost as soon as we graduate. As you know, several states are trying to correct this by requiring mandatory attendance at educational programs for relicensure. I'm not sure at this point if this type of require-

ment is the answer, but I am sure that the School must provide for a means by which the practitioners can keep their knowledge up to date. This will take many forms; a drug information center within the school, drug newsletters, state wide seminars, educational TV, etc.

Joint Program

"The first joint program with the Maryland Pharmaceutical Association will be held in October of this year. It will involve topics designed to assist the pharmacist in his selection of medication. While the registration will be restricted to a certain number of registrants, it would be hoped that many of you will want to attend these active, and we hope exciting programs. There will be special courses set up to provide specialized education to the community pharmacies operated under the OEO programs. These courses will involve various aspects of modern pharmaceutical technology and clinical pharmacy, and it would be hoped that these could be attended by any pharmacist who might want to avail himself of these courses.

Drug Information Center

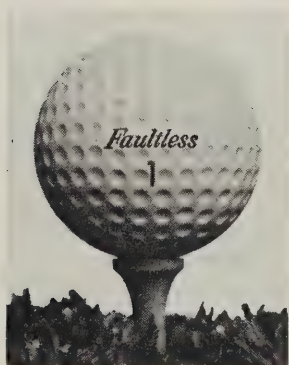
"The drug information center that will be set up within the school will be designed to house many teaching aids such as TV tapes, film cartridges, and so on, that will be available to many groups of pharmacists within the state, and even individual pharmacists as the programs evolve. The center will also serve as an information center for pharmacists who require this service."

Special reports were presented by:

Morris R. Yaffe, Chairman of the MPhA Executive Committee, "The Future of the Community Pharmacist"

Donald E. Baker, Senior Pharmacist, Division of Medical Care, Region 111, HEW "Pharmaceutical Services in Hospitals and ECF's"

What happens when a 1968 cut-proof Faultless gets teed-off with the big name balls?



It comes closer to the pin.

And that's the name of the game.

A continuing series of certified tests with our precision hitting machine *prove* the new Faultless goes as far as—or farther than—big name balls. And it stays on line measurably better.

The new Faultless is a one-piece molded ball. There's nothing in-

side to get out of round or balance. No core. No winding. That's why a Faultless drives straighter, putts truer—easily matches championship balls in distance and accuracy. And it's virtually indestructible.

You can even guillotine a

Faultless with a knife-sharp blade that splits open conventional balls, and—Vive la Faultless! Scarcely a crease. Because there's no cover to cut.

The new Faultless is rigidly inspected to conform with all U.S.G.A. rules, so go ahead. Give one a try.

It's like hitting a new ball every time you swing.

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Impact of Medicare

Mr. Baker in describing the impact of Medicare said, "On July 1, 1966 Medicare inflicted its impact on hospitals—two years ago. On January 1, 1967, Medicare benefits were broadened to include post hospital skilled nursing care (the E.C.F.—Extended Care Facility)—one and a half years ago. One of my reasons for being here today is to ask you "what have you done in the last 1½ to 2 years, as the consultant pharmacist of a facility, to assist it in the provision of quality pharmaceutical services"? Many community pharmacists feel that institutional pharmacy practice differs diametrically from community practice. NOT SO!

Source of Manpower

"Quality pharmaceutical practice is quality pharmaceutical practice regardless of the setting. It is true that some procedures and professional practices differ but these differences should challenge you to find out about them, not scare you away from serving in this vital capacity for the community pharmacist is the one major source for this vast pharmacy manpower need."

TAMPA - LAMPA

The Ladies Auxiliary (LAMPA) under President Lillian Slama held its Annual Meeting with Elois Sopocy of Illinois speaking on "Fragrance" and Reese Palley on "Boehm Porcelain Birds." Mrs. Harry L. Schrader was named president.

The Travelers Auxiliary (TAMPA), the organization of representatives who call upon pharmacists also held its Annual Meeting and election of officers. Kenneth L. Mills was elected president.

Resolutions

The Association passed a number of resolutions including a call for immediate restoration of the fee for Medicaid prescriptions which had been reduced by the Governor.

PHOTO: MONTE CASSAZA




**Mark Waters
was a chain smoker.**

**Wonder who'll
get his office?**

Mark kept hearing the same thing everyone does about lung cancer but kept on smoking cigarettes. Probably thought: "been smoking all my life...won't help to stop."

No matter how long you've smoked, the risk of lung cancer decreases when you stop, provided cancer or emphysema have not developed.

Next time you reach for a cigarette,
think of your office—
and your home.

American Cancer Society 

THIS SPACE CONTRIBUTED BY THE PUBLISHER

Recognition of Service

Recognition was given to Thomas J. D'Alesandro, III, Mayor of the City of Baltimore and William Donald Shaefer, President of the Baltimore City Council for their dedicated efforts in the public interest.

Dr. Samuel L. Fox, a prominent Baltimore physician, and a former pharmacist, and a member of the faculty of the University of Maryland served as Toastmaster for the Annual Banquet.



Tell them you saw it in "The Maryland Pharmacist"

Resolutions Adopted by Maryland Pharmaceutical Association, July 11, 1968

WHEREAS, the State of Maryland has arbitrarily seen fit to reduce the MEDICAID pharmacy fee, and

WHEREAS, taxes, expenses and fixed costs have increased in the past year, necessitating an increase in the professional fee;

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association calls for immediate restoration of the fee to its previous level, so that pharmacists can continue to provide the proper pharmaceutical services to MEDICAID patients.

WHEREAS, Thomas J. D'Alesandro, III, Mayor of the City of Baltimore, has rendered a valuable service to the pharmacists of the State of Maryland, and, in particular, the citizens and pharmacists of the City of Baltimore,

BE IT RESOLVED THAT the Maryland Pharmaceutical Association express its thanks and appreciation.

WHEREAS, William Donald Schaefer, President of the City Council of Baltimore, has rendered a valuable service to pharmacists of the State of Maryland and in particular to the citizens and the pharmacists of Baltimore City,

BE IT RESOLVED THAT the Maryland Pharmaceutical Association express its thanks and appreciation.

WHEREAS, the professional knowledge and skills of a pharmacist have been acquired by education and experience for a period of more than five years, and

WHEREAS, attempts are being made to infiltrate so-called sub-professionals and technicians to usurp the professional functions of the pharmacists,

THEREFORE, BE IT RESOLVED, THAT the Maryland Pharmaceutical Association condemns this practice and all attempts to foster this policy.

BE IT RESOLVED THAT the Maryland Pharmaceutical Association extend its appreciation to Radio Station WCAO in Baltimore and to its manager, Mr. Bryon Millenson, for its cooperation in granting public service time to the Maryland Pharmaceutical Association Public Relations Program, "Your Best Neighbor" for a period of ten continuous years. An appropriate plaque shall be prepared and presented to Radio Station WCAO and to Mr. Millenson.

WHEREAS, it is the aim and purpose of the Maryland Pharmaceutical Association to raise the quality of professional practice by pharmacists of the State of Maryland,

BE IT RESOLVED, THAT, the Maryland Pharmaceutical Association make every effort to implement a state-wide continuing education program as a prerequisite for re-registration.

WHEREAS, the period of practical experience required by the Board of Pharmacy for registration should be professionally oriented and,

WHEREAS, the present training is entirely uncontrolled, and,

WHEREAS, this training should be under the strict supervision and control of educators,

THEREFORE, BE IT RESOLVED THAT the Maryland Pharmaceutical Association in Convention assembled, recommends to the School of Pharmacy and the State Board of Pharmacy, im-

National Pharmacy Week, October 6-12, 1968

The annual observance of National Pharmacy Week will be October 6-12, 1968. The American Pharmaceutical Association has prepared materials for pharmacists to use during the observance.

The APhA National Pharmacy Week kit, a ready-to-use collection of aids, including a news article, editorial, proclamations, radio and television copy, a speech and other items. Included this year for the first time in the kit is a NPW door poster and counter card, both carrying the NPW 1968 theme: "Your Pharmacist Cares About Your Health".

This year's kit also includes a bumper sticker with an appropriate and timely message: "STOP DRUG ABUSE! SEE YOUR PHARMACIST".

Order NPW Kit

The NPW kit may be ordered from the APhA (\$3.00) 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

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mediate implementation of a preceptorship program for the pharmacists of the State of Maryland, and

BE IT FURTHER RESOLVED THAT the students be assigned to these preceptors as a part of their formal school curriculum.

BE IT RESOLVED THAT, the Maryland Pharmaceutical Association extend its appreciation to all those who contributed to the success of the Convention—especially the participants in the Convention Program and those who prepared and executed the Convention plans.

Wanted—Youth*

By MELVIN J. SOLLOD

In the next decade we shall see tremendous changes in the practice of pharmacy. The young men and women in pharmacy must become interested in pharmaceutical organizations at all levels to guide the development of these changes, or outside interests will impose their ideas on them.

Today we have too many politicians, bureaucrats and special interests using pharmacy to advance their own causes. The bias of entrenched interests can also be a negative factor.

Too often, the older we get, the more we resist change. It is not bad to seek moderation, but unless our youths come up with ideas the hands of old age may be stultifying.

The basic objective of a pharmaceutical association should be to assure the best pharmaceutical services available to the entire population. This means not only the wealthy or the poor but **all** of our people. This has not yet been accomplished.

To develop the plans and the leadership for this difficult task, we need the youth and imagination of those not yet bound by custom and convention.

If youth will become involved in organizations, pharmacy will develop its own programs and in so doing will advance its status as an important member of the health team.

*Reprinted from Bi County Pharmacist, Prince George-Montgomery County Pharmaceutical Association, July, 1968.

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With-Holding of Wages

The Maryland State Department of Labor and Industry requires permission from employees before sums from wages may be with-held.

1968 Convention, Maryland Pharmaceutical Association*

DR. WILLIAM J. KINNARD, JR.,

Dean, University of Maryland, School of Pharmacy

Greetings to the members of the Maryland Pharmaceutical Association. I've had the opportunity to meet with just a few of you this spring, but I hope to speak with many more of you during the coming months. I consider myself very fortunate and honored to have been appointed successor to Dean Noel Foss, and hope that I can cultivate the type of friendship with you that he has accomplished in the past. The School of Pharmacy at Maryland is rich with a history of leadership in our profession, and I intend to build up these strong foundations that have been laid by persons such as Foss, DuMez, and the many others who have contributed to Maryland Pharmacy. The task is going to be a difficult one in light of the many convulsions going on within our society, as well as our profession. The School will have to serve as a core for this work since the necessary resources are located there, but the individual pharmacists of the State must become involved in the policies that will be developed. During the next year we may call upon you for assistance. I don't mean to imply that this means strictly financial aid, although I'm sure I'll be asking for that, but more importantly we'll need your advice and guidance. I hope that you'll respond with enthusiasm.

At this point I suspect you're interested in the direction that I would like the School to follow during the coming months. While this article is to concern itself with the University of Maryland, School of Pharmacy, and the probable changes in its educational programs, it should be pointed out that the whole body of educational programs nationwide are in a state of transition. First,

let me say that I feel that the School has a responsibility to be active in all aspects of Pharmacy within the State. That means that involvement proceeds past the usual educational programs and extends into areas such as community relations, professional practice of the graduates, association involvement, legislative matters, etc. Returning to the educational programs, the School has as its prime objective the education of highly qualified practitioners of pharmacy. This is necessary to satisfy the evident need for increasing numbers of pharmacists in both community and institutional practice. Many schools have allowed their graduate programs to dilute the undergraduate effort; this will not be the case at Maryland. On the other hand, it cannot and will not be strictly an undergraduate school. Strength is required in both areas for each to feed the other: the graduate area receiving student input from the undergraduate school, and the research of the graduate program stimulating both faculty and undergraduate students through its constant prodding of scientific curiosity and the questioning that this produces. The maintenance of the proper balance between these two programs will allow the pharmacy needs of the State to be met, while the School develops the national recognition required of the type of School that we all desire here at Maryland.

Undergraduate Education. Curricular changes will take place during the coming year with a major emphasis being placed on the development of the fifth year as a "clinical" year. The student will be placed in situations where he must use his knowledge in actual patient care. I hope that this will include supervised work in community pharmacies, in hospital pharmacies, on hospital

*Presented before the Maryland Pharmaceutical Association 85th Annual Meeting, July, 1968.

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floors, etc. The pharmacist will become more patient oriented and fulfill a needed role in modern total health care.

These curricular changes are already being undertaken by the faculty. The pre-professional program is being changed to include organic chemistry in the first two years of training. This shift of organic chemistry down from the professional curriculum will allow for a better structuring of the professional program and will ultimately allow the inclusion of new courses within the school's curriculum. One of these courses will be in the area of clinical pharmacy. This is a rapidly evolving part of modern practice of pharmacy and recently a conference was held at the University of West Virginia to discuss education of pharmacy students within this new area. Two of our faculty members attended this program and will contribute their thoughts during the curricular revision meetings. The faculty will also consider other educational programs that relate to pharmacy. The pharmacy technician is becoming a part of the hospital staff and the question of the proper place for his education will be discussed during the coming year.

At this time it would appear that a brief report on the school's activities during the past year would be in order. The 1967-68 enrollment totaled 143 within the three years of the professional program on the Baltimore campus. The total enrollment in the pre-professional programs at College Park and UMBC totaled 119, giving a combined enrollment on all campuses of 262 students. The projected enrollment on the professional campus for the 1968-69 academic year will be 164 students, with the incoming class totaling 67. Thus the trend which had plagued not only the School of Pharmacy in Maryland but other schools throughout the country has appeared to be reversed and class sizes are increasing. The demand for practitioners of pharmacy is still ex-

ceeding the supply and additional student input will be required. It will be the goal of this faculty to achieve class sizes of 100 per year. This will require the input to the first professional year of a number of students in excess of 100. To do this will require an extensive recruiting program that has to, by its very nature, involve not only the faculty but the practitioners of pharmacy throughout the state. In every case the emphasis must be placed on attracting students of high academic ability, since pharmacy can no longer afford to carry students of minimal ability throughout the program.

On June 8th of this year 35 students were graduated with the B.S. in pharmacy, 32 of these being male and 3 being female. Four of these students graduated with high honors. This is a University scholarship honor, and the honor designation is listed in the commencement program and recorded on the recipients' diplomas. One member of this graduating class, Mr. Leonard C. Howard, Jr., has received a National Science Foundation traineeship for \$10,000 to pursue graduate studies leading to a doctorate of pharmacology. Mr. Howard is the first undergraduate student in the School of Pharmacy to be accepted for such a fellowship.

Graduate enrollment in the school totaled 24 during the last year and an enrollment of 28 is projected in the coming year.

The first A. G. DuMez Memorial Lecture was held during the past Spring and it is hoped that this will be a continuing memorial to this past dean of the school.

A major effort of the faculty and the student body during the past year was a Drug Abuse Program. Students and faculty participated in programs that were presented to high schools and law enforcement officers. Over thirteen presentations were made to a total of over 5,000 students or adults. This work was carried out by Drs. Blake and Ichniow-

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ski along with fifteen pharmacy students.

Graduate Program. The graduate program will be stimulated to redevelop its national prominence. In the process we will strive for quality, not necessarily quantity, that is, students of high academic ability will be recruited and the search for large numbers of students will not be a primary effort. Many areas of interest in teaching and research are being developed in the school. The Department of Pharmaceutical Chemistry is continuing its interest in medicinal synthesis and plant chemistry. The Department of Pharmacognosy is becoming interested in areas of marine botany and potential anti-cancer drugs obtained from plants specifically coming from Nigeria. Pharmacology is expressing its interest in toxicology, an extremely important area in the present day. The Department of Pharmacy is continuing its work in manufacturing pharmacy, is expanding interest in hospital pharmacy and is attempting to develop major effort in the area of biopharmaceutics. The Department of Pharmacy Administration is examining computer techniques and analyzing trends in modern pharmacy.

The Faculty in the School of Pharmacy is being expanded in numbers, and in the search for additional staff members the primary emphasis is on teaching ability. The Department of Chemistry is losing Drs. Miller and Liebman, a loss that is a significant one to the school. We have attracted Dr. George Wright and are attempting to add two more men in the Department of Chemistry. The Department of Pharmacy is attempting to attract a specialist in biopharmaceutics. The Department of Pharmacognosy has added Dr. Ralph Blomster who will be Professor of Pharmacognosy and will work with Dr. Slama in expanding this department. The Department of Pharmacology is actively searching for two additional men in the teaching and research area. Future

budgets are being designed so that additional staff will be added to the faculty so that a total of at least 20 Ph.D.'s will be actively teaching and conducting research within the school. This would serve as a basic nucleus upon which future expansion of the school would be built.

Continuing Education. The educational program will be expanded out of the confines of the undergraduate and graduate classroom and into the area of postgraduate or continuing education. The changes that take place in any profession occur so rapidly that, in some cases, our scientific knowledge becomes obsolete almost as soon as we graduate. As you know, several states are trying to correct this by requiring mandatory attendance at educational programs for relicensure. I'm not sure at this point if this type of requirement is the answer, but I am sure that the School must provide for a means by which the practitioners can keep their knowledge up to date. This will take many forms; a drug information center within the school, drug newsletters, statewide seminars, educational TV, etc.

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such as TV tapes, film cartridges, and so on, that will be available to many groups of pharmacists within the state, and even individual pharmacists as the programs evolve. The center will also serve as an information center for pharmacists who require this service.

This article can only serve to initiate the dialogues that we will have in the future for I've only touched very briefly on some of the topics in which we share a common interest. Before ending, I would like to mention one other item. The future strength of pharmacy will depend upon our ability to unite together in a powerful professional and political force, a common pharmaceutical organization. The pharmacist is presently faced with many choices in his

selection of an organization, some being quite specialized in orientation, others encompassing the complete field of pharmacy. I intend to encourage students and graduates alike to join the various specialized pharmaceutical organizations, whether they be fraternal groups, or a group such as the Maryland Pharmaceutical Association. We must, however, have a unification of all Maryland pharmacists into a coalition that can ultimately use our total strength to exert something that exists but is rarely used . . . it's called pharmacy power. Every other group uses it, why not us? Pharmacy is moving ahead; let us move together to be leaders, not followers, within the framework of our profession.



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Maryland Board of Pharmacy

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2305 N. CHARLES STREET
BALTIMORE, MARYLAND 21218

Pharmacy Changes

The following pharmacy changes occurred during the month of July, 1968:

New Pharmacy

Drug Fair No. 103, 1422 Patapsco Avenue, Baltimore, Maryland 21230, Milton L. Elsberg, President.

No Longer Operating As Pharmacies

Dickman's Pharmacy, 2300 Edmondson Avenue, Baltimore, Maryland 21223, Arnold Dickman.

Golditch Pharmacy, 2447 East Preston Street, Baltimore, Maryland 21213, Henry Golditch.

Stansbury Pharmacy, Inc., 2031 Merritt Avenue, Baltimore, Maryland 21222, Benjamin Levin, President.

Lake Shore Pharmacy, Mountain Road and Lake Shore, Pasadena, Maryland 21122, Robert E. Baxter, President.

Manufacturers of Drugs, Medicines, Toilet Articles, Dentrifices & Cosmetics

The Maryland Board of Pharmacy lists fifty five (55) manufacturers of drugs, medicines, Toilet Articles, Dentrifices & Cosmetics licensed by the Board for the year 1968.

Dangerous Drug Distributors

The Maryland Board of Pharmacy lists one hundred and forty seven (147) distributors of Dangerous Drugs licensed by the Board of Pharmacy for the year 1968.

Prescription Blank Refill Information

The Council of the Medical & Chirurgical Faculty of the State of Maryland at its September 7, 1967 meeting voted to adopt the following recommendation:

"Approval of the policy that prescription blanks printed for physicians after January 1, 1968, **NOT** contain **PRINTED** information indicating refills."

Pharmacists and Physicians are being informed of this action.

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Professional Opportunity

An excellent opportunity for an attorney, a registered pharmacist or pharmaceutically oriented person with administrative ability and experience. Beginning salary commensurate with educational background and experience. Interested persons, send resume to The State of Wisconsin, Pharmacy Examining Board, 870 State Office Building, 819 North Sixth Street, Milwaukee, Wisconsin 53203.

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Castor Oil

Castor Oil—no matter how it's disguised, it's still Castor Oil.

The Department of Agriculture reports that its medicinal use has declined to a point where only about one percent of the supply is consumed as such.

Castor Oil has grown as a raw material in military and defense production and in many other industrial uses, such as plastics, artificial leather, cosmetics, soaps, and printing inks, as well as the manufacturer of explosives and fabrics.

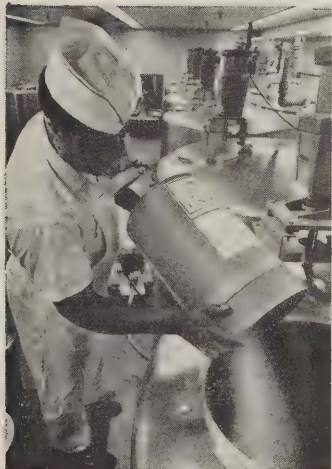
58,000,000
Cases of Traveler's
Diarrhea Predicted
This Summer

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Forecast:
Increasing Sales
Followed by
Clear Profits

A. H. Robins Getting Ready For Gigantic Robitussin® Deal



Liquid technician, Dan Sibert, puts finishing touches on 2,000 gallon batch of Robitussin.



Cartons of finished Robitussin stock being assembled for rail shipment to all parts of the nation.

The A. H. Robins manufacturing department is turning out thousands of gallons of Robitussin and Robitussin-DM® every day, and the packaging department is working overtime—all in preparation for the big annual deal to druggists. Cough Calmers, introduced in 1967, will also be on deal this year, and manufacturing is producing them by the hundreds of thousands. Carloads of Robitussin will soon be rolling out of Richmond by road and rail. The Robitussins and Cough Calmers will be on deal during July and August, just when you normally stock up

for the fall and winter cough and cold season.

We can't let the cat out of the bag, but your Robins representative will soon be coming around with all the details on a deal which will mean higher profits for you. Remember, the Robitussin line is now Number 2 in drug store sales, thanks to the professional recommendations by pharmacists and physicians. Clear out an extra large area in your storage room or warehouse and get ready. The big 1968 Robitussin Deal will be underway very soon. A. H. Robins Company, Richmond, Va. 23220

Continuing Education Lectures

Program

The Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy will inaugurate the first Continuing Education Lecture Series in Maryland. The series has been developed through the efforts of the School of Pharmacy and MPhA's Swain Seminar and Continuing Education Committee, Paul Freiman is chairman with Dr. William J. Kinnard, Jr. Co-Chairman. It is suggested that an early enrollment be made.

A brief outline of the Continuing Education Series follows:

Lecture No. 1, Thursday, October 3, 1968

Drug Pricing and the Economics of the Pharmaceutical Industry, Dr. Dean E. Leavitt, Asst. Professor of Pharmacy Administration

Lecture No. 2, Thursday, Oct. 10, 1968

Factors Influencing Drug Availability and Absorption, Dr. Peter P. Lamy, Assoc. Professor of Pharmacy

Lecture No. 3, Thursday, Oct. 24, 1968

Tableting Technology and Good Manufacturing Practices, Dr. Ralph F. Shangraw, Assoc. Professor of Pharmacy

Lecture No. 4, Thursday, Oct. 31, 1968

Clinical Trials in Drug Evaluation
Dr. David A. Blake, Asst. Professor of Pharmacology

Lecture No. 5, Thursday, Nov. 7, 1968

Guidelines for Quality Drug Purchasing, Mr. Salvatore Gasdia, Officer-in-Charge, Public Health Service, Supply Service Center, Perry Point, Md., and Dr. Ralph Shangraw

These lectures will be held in Dunning Hall, 636 W. Lombard Street, Baltimore.

Each lecture will be held from 8:00 p.m. to 10:00 p.m. with a short coffee break at the end of the first hour.

Parking space will be made available.

These lectures will be supplemented by selected texts and reading material. Individual participation by those attending the lectures will be expected and encouraged.

The registration fee for the complete series of lectures will be \$20.00 (\$15.00 to MPhA members); this figure includes all books and other materials.

Enrollment will be strictly limited due to facilities.

Thomas Huxley once asked, "If a little knowledge is dangerous, where is the man who has so much as to be out of danger? The answer of course is that there is no such man. All of us continue to learn and are never out of danger. Of importance, though, is whether or not we take advantage of the opportunities to further our education and in turn strengthen our own position in the profession. This fall the Maryland Pharmaceutical Association and the University of Maryland, School of Pharmacy are offering the first major effort in the direction of continuing education. I hope that many of you will take advantage of this opportunity to expand your knowledge of the practice of pharmacy.

William J. Kinnard, Jr.

Dean, University of Maryland
School of Pharmacy

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**FALL REGIONAL MEETING
MARYLAND
PHARMACEUTICAL
ASSOCIATION**

**Thursday, October 17, 1968
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Frederick, Maryland

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B.M.P.A. President's Message

At this writing the 1968 Maryland Pharmaceutical Association Convention is history. The programs were interesting and the deliberations important. The negative aspect of the Convention was the light attendance of pharmacists—particularly from the Baltimore Area.

Unity of effort is tremendously important to us all. Your Association is working on many vexing problems. Such programs as Medicaid, third-party prepaid prescription plans. OEO-Vendor programs are taking up the bulk of our attention. Pharmacy needs and will have unity of effort only when the overwhelming majority of pharmacists join their Association and make their wishes known.

The next meeting of the Baltimore Metropolitan Pharmaceutical Association will be held on Thursday night, September 26 at 10:00 p.m. at the Kelly Building. A constitutional amendment making ALL PHARMACISTS eligible for active membership will be voted on. I am sure that all recognize the importance of this action and will be in attendance to vote.

Our activities must be coordinated to get maximum mileage from our efforts—and to keep administrative costs down. As you are all aware, costs of everything have soared—and the outlook is for a continuation of this cost spiral. Streamlining our Association is a must . . .

So, y'all come! Join with us. Discuss our mutual problems and let's make the decisions together.

DONALD O. FEDDER
President

Ovral®

Each tablet contains 0.5 mg. norgestrel
(containing 0.25 mg. d-norgestrel) with
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The first oral contraceptive with the new, totally synthesized progestogen—norgestrel, highly potent in low doses.



OVRAL in Pilpak* container. Six completely disposable Pilpak units to a package—your cost: \$7.20.

**Easy-to-remember dosage routine—
3 weeks on, 1 week off.**

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See next page for important product information.

IN BRIEF.

Indication: For oral contraception.

Contraindications: Thrombophlebitis or history of thrombophlebitis or pulmonary embolism, liver dysfunction or disease, known or suspected carcinoma of breast or genital organs, undiagnosed vaginal bleeding.

WARNINGS: Discontinue medication pending examination if sudden partial or complete loss of vision or sudden onset of proptosis, diplopia, or migraine occurs. Withdraw medication if examination reveals papilledema or retinal vascular lesions. Since safety of Ovral in pregnancy has not been demonstrated, rule out pregnancy before continuing Ovral in any patient missing two consecutive periods. Consider possible pregnancy at first missed period if patient has not adhered to dosage schedule. Active ingredients of oral contraceptives have been identified in milk of mothers on these drugs; significance to infant has not been determined.

PRECAUTIONS: Pretreatment physical examination should specifically include breast and pelvic organs and Papanicolaou smear. Endocrine and possibly liver-function tests may be affected by treatment with Ovral; if abnormal, repeat tests after drug has been withdrawn two months. Pre-existing uterine fibromyomata may increase in size under influence of estrogen-progestogen preparations. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. Use Ovral with caution in patients with history of cerebrovascular accident. In breakthrough bleeding, as in all irregular vaginal bleeding, nonfunctional causes should be considered. In undiagnosed vaginal bleeding, take adequate diagnostic measures. Carefully observe patients with history of psychic depression; discontinue drug if depression recurs to a serious degree. Any possible influence of prolonged Ovral therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a small percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovral therapy. Because of the occasional occurrence of thrombophlebitis and pulmonary embolism in patients taking oral contraceptives, the physician should be alert to the earliest manifestations of the disease. Because of the effects of estrogens on epiphyseal closure, Ovral should be used judiciously in young patients in whom bone growth is not complete. Age is no absolute limiting factor, although Ovral may mask onset of climacteric. Advise pathologists of Ovral therapy when submitting relevant specimens.

Side Effects: The following adverse reactions have been observed in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (e.g., abdominal cramps and bloating; discomfort), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post-partum, cholestatic jaundice, migraine, acne, rash (allergic), hypertension, rise in blood pressure in susceptible individuals, mental depression; pain in legs, arms or body; paresthesias, allergy, palpitations, vasomotor symptoms, dyspnea, insomnia, blurred vision, chest pain, urinary tract symptoms, dyspareunia, neuralgia and myalgia, excess salivation, dryness of mouth, heartburn, minor eye problems.

Although the following side effects have been reported in users of oral contraceptives, no cause and effect relationship has been established: anovulation post-treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption, and itching and vaginal discharge.

The following occurrences have been observed in users of oral contraceptives. A cause and effect relationship has been neither established nor disproved: thrombophlebitis, pulmonary embolism, and neuro-ocular lesions.

The following laboratory results may be altered by the use of oral contraceptives—increased bromsulphalein retention and other hepatic function tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein-bound iodine and decrease in T_3 values; metyrapone test; and pregnanediol determination.

Note:

For more specific details on Ovral, refer to package insert.

OVRAL[®]

Each tablet contains 0.5 mg. norgestrel (containing 0.25 mg. d-norgestrel) with 0.05 mg. ethinyl estradiol



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Volume 26

JULY, 1968

No. 10

T.A.M.P.A. News

Kenneth L. Mills will direct T.A.M.P.A. for 1968-69. Mr. Mills was elected president of the Travelers Auxiliary of the Maryland Pharmaceutical Association at the Maryland Pharmaceutical Association Convention held in Atlantic City earlier this month. Other officers elected are: first vice president, Francis J. Watkins; second vice president, William Nelson and Paul Mahoney as third vice president.

Grauel Honorary President

L. Scott Grauel was named honorary president and John A. Crozier, secretary-treasurer emeritus. H. Sheeler Read was again named secretary-treasurer with Joseph J. Hugg as assistant secretary-treasurer.

The T.A.M.P.A. Carnival Night was one of the highlights of the convention entertainment. Many favorable comments were received by the officers, complimenting TAMPA for their participation in convention activities, especially that of manning the registration desk and their warm and cordial greet-

ings to members and guests registering and for their **Carnival Night**.

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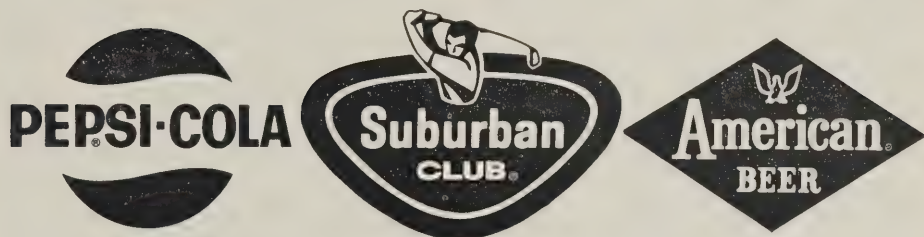
Are You Aware? . . . That

The prescription drug industry employs 125,000 workers in the United States, requiring an annual payroll of more than \$897 million. That the industry pays taxes of approximately \$506 million per year to federal, state and local governments.

Manufacturing Pharmacist Wanted:

Local ethical pharmaceutical manufacturer is desirous of obtaining a registered pharmacist as supervisor of their pharmaceutical formulation department. The work will comprise manufacture of tablets, liquid and granular preparations and the attendant quality control and accounting responsibilities. Excellent fringe benefits—40 hour week—salary open.

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Purchasing Quality Drugs

by

PETER P. LAMY, Ph.D.

Associate Professor of Pharmacy

University of Maryland, School of Pharmacy

The clamor for greater use of the so-called "low-cost generic equivalents" has become ever louder. Legislation has been proposed which would make "generic" prescribing mandatory for all drugs purchased under Federally-aided programs.

The question of "equivalency" arose when the first drug product was made available by more than one manufacturer. Does "generic equivalency" exist?

Each new chemical with potential therapeutic activity is given a chemical name. A non-proprietary or "generic" name is also chosen. Finally, the manufacturer selects a tradename. The non-proprietary or "generic" name is required by Federal Law. From this short description, it is easy to ascertain that the "generic" name has virtually no connection with the finished product per se, but only with the active constituent in the finished product. A pharmaceutical manufacturer does not just sell the chemical, but sells a specific dosage form containing this chemical.

But formulations of drugs into various dosage forms may change or modify the onset, intensity, and duration of a specific physiological response (1). Therefore, in some cases, the choice of the dosage form and the manufacturer may be as important as the choice of the actual therapeutic agent.

Some of the factors that could affect the availability of a drug are listed in Table I.

TABLE I

FACTORS INFLUENCING DRUG AVAILABILITY AND ABSORPTION

I. Factors Originating with the Patient

- A. Age, sex, physical state of patient, time of administration of drug.

II. Factors Originating with Chemical Entity.

- A. Particle Size
- B. pH
- C. Polymorphic Form
- D. Salt and Type of Salt
- E. Solubility
- F. Structure (physical and chemical)
- G. Impurities
- H. Water of Hydration

III. Factors Originating with Formulation or Dosage Form

- A. Additive
 1. Antioxidant
 2. Buffer
 3. Coating
 4. Coloring agent (Salmonella)
 5. Diluent
 6. Excipient, binder
 7. Flavoring agent
 8. Preservative
 9. Surface active agents

IV. Factors Originating with Specific Dosage Form

- A. Disintegration Rate
- B. Dissolution Rate
- C. Gelatin Capsule
- D. pH
- E. Suspending Agent
- F. Ointment Base

Unquestionably, it is the pharmacist's responsibility to be certain that his patients receive only quality drug products. Moreover, the pharmacist must educate the other health professions and the public to the fact that quality, and thereby therapeutic efficacy, is built into a specific dosage form.

How can the pharmacist discharge his responsibility toward his patient?

A "generic equivalent" drug can be a quality drug, if it is manufactured under the terms of the "Current Good Manufacturing Practices" and meets

other specifications. Certainly, it is possible for a generic drug to be of good quality, but such a drug is unlikely to be the lowest-priced drug (2). Therefore, a sharp distinction must be drawn between a "quality" product and an "equivalent" product. The sole valid assessment of the quality of a product is its therapeutic performance. The "equivalent" drug must elicit the same therapeutic response as the original drug (3).

Yet, the Commissioner of the Health Department of one state circulated a letter (4) to all physicians, asking them to consider the generic products listed on an attachment to the letter. The list gave prices only—not the manufacturers. Would that not, at least to some degree, imply that that department considers that all drugs listed provide equal therapeutic activity? A wholesaler, just recently, exhorted community pharmacists to buy "generic" products. Part of that flyer is reproduced in Table II.

TABLE II

HARD TO BEAT!

Generic Specials

Meproamate Tablets 400 mg.	100's
(buy 5 and get 1 FREE)	ea. \$3.00
Tetracycline Caps. 250 mg.	100's
(buy 5 and get 1 FREE)	ea. \$3.00

**"ORDER THESE SPECIALS NOW
FROM YOUR TELEPHONE
SALESMAN"**

The wholesaler does not list the manufacturer of the products advertised, leading the pharmacist to believe that the manufacturer's name is immaterial. The pharmacist was not given an opportunity to make an intelligent evaluation of the offer.

The pharmacist must demand that opportunity! Under the heading "Some Drugs are more Equal than Others," a national newspaper (5) reported the following: "Beginning with chloramphenicol, the FDA began to discover that some drugs are more equal than others. The FDA is now testing or plan-

ning to test all the major categories of antibiotics (etracyclines, oxytetracyclines, erythromycins and penicillins) to see if other disparities of similar kind can be found. Some batches of erythromycin have been found which produce lower blood levels than the original product. These were voluntarily withdrawn by the manufacturers. Yet another report indicates (6) that the FDA is aware that tests at Georgetown University indicated that several generic forms of sulfisoxazole reached their peak level of effectiveness more slowly or that their peak levels were lower than that of the brand-name drug. But in this instance, the FDA feels that the differences are not significant and will not request that the generic products be withdrawn from the market.

Tawashi (7) reports two polymorphic forms of aspirin, both meeting USP standards, but one form dissolves 50 per cent faster than the other form. Recently (8), it was announced that drug-exciplient surface interaction in tablets of some drugs has been shown to reduce therapeutic effectiveness of the particular drug. Many drugs are currently being reviewed for their therapeutic efficacy. It has been estimated (9) that for every drug under review, an average of five other identical products on the market are produced by other firms without an NDA. There are approximately 3,000 drugs under review, and if the estimate is correct, there would be 15,000 "me-too" drugs. How, then, is the pharmacist to discharge his responsibility towards his patients; how is he to select "quality" drugs

With current knowledge and methodology, one of the best methods for the pharmacist to determine which drugs are, in fact, therapeutically active, is a knowledge of his supplier (10). The Defense Department does not purchase drugs generically (11). Rather, it purchases drugs according to rigid quality-oriented specifications. It conducts a

rigid inspection and testing program. It purchases drugs from quality-oriented firms, large or small.

Quality control within drug houses is one step in assuring a consistently high quality product. Efficient quality control requires a working combination of well-trained personnel and sophisticated equipment. Therefore, the manufacturer, not the name of the drug, is the most important factor (12).

An intimate knowledge of the manufacturer is necessary and should not be based on general statements. Often, manufacturers produce extensive brochures which announce that "all raw materials are purchased from reliable manufacturers and are thoroughly tested." This, in itself, does not assure quality. Who are the suppliers of raw materials; how are these materials tested? By whom?

The brochure may also state that "all formulae are double checked by Quality Control Department Staff," giving no indication of the qualifications of this personnel or, more importantly, to what degree this personnel can act to accept or reject products.

Quite often, the purchaser is assured that "analytical controls as well as various physical tests are used," but again, this would be unsatisfactory in assuring a pharmacist that a quality product is manufactured. How long, for example, does it take a product to reach the distributor, i.e., the pharmacy, after the assays have been performed? If a product remains in the channels of distribution for an extended period of time, there could then be serious doubt whether the assay results are still valid.

Cron (13) pointed out that the same kinds of situations that produce recalls seem to appear over and over again, sometimes within the same company. Packaging and labelling account for slightly more than half of the recalls initiated either by the companies or the FDA. It often appears that personnel in

manufacturing, receiving, shipping, packaging and labelling may not understand the function, responsibility, or the significance of maintaining constant contact with quality control.

One method to achieve a more than cursory knowledge of the supplier is to visit the plant and, when visiting, use a plant survey form as suggested by Lamy and Flack (14). Use of this form or a similar form should assure the pharmacist that:

- a. Overall facilities and equipment acceptable.
- b. Raw materials are assayed and controlled.
- c. Production is planned to guarantee identical end results batch to batch.
- d. Packaging operations are planned to ensure freedom from error and contamination.
- e. Labelling and finishing controls are adequate.
- f. Stability tests are continually performed.
- g. Qualified and interested personnel are at work.
- h. Attitude of personnel and management toward quality control is such that zero-defects concept is the motivation.

Recently, Philips Roxane Laboratories, Inc. began distribution of their products in the Baltimore area. In order to assess their products, the author approached the company, asking for their cooperation in an inspection visit of the manufacturing plant and permission to publish the results obtained by using the Plant Survey Form. Permission was obtained and the plant was inspected by a representative of the author, a qualified pharmacist. The results are as follows:

Philips Roxane Laboratories, Inc. are located in Columbus, Ohio and are owned by the Philips Electronic and Pharmaceutical Industries, Inc.

The plant consists of two buildings, located in a well-kept neighborhood. One building is approximately 70,000 square feet, the other is approximately 10,000 square feet.

The floors, walls and ceilings are all cleaned with disinfectant. One indication of lack of plant hygiene is often a darkening around air conditioner and heating system outlets. This was not apparent at all. There are planned programs for dust, vermin and insect control.

Personnel in production and packaging are supplied with uniforms and safety glasses and other safety apparel is supplied when necessary.

Often, a pharmacist does not know whether a company does, indeed, manufacture its own products. Philips Roxanne does repackage items under its own label, amounting to somewhat less than 50 per cent of its total output. It purchases these items from companies such as Strong Cobb Arner and R. P. Scherer. In turn, about 10 per cent of its output is sold to be repackaged under another company's label.

The company employs about 40 medical representatives and it distributes to wholesalers, physicians and direct pharmacy accounts.

A knowledge of a company's policy on complaints and return goods often permits an insight into the overall quality of the company. At Philips Roxanne, all complaints are handled by the Director of Research and Development, and all return goods are discarded. The company also states that with its formal recall procedure, it can inform its accounts within 24-48 hours of any recall, should that become necessary.

Philips Roxanne, a member of the P.M.A., employs 139 people, of which two hold a Ph.D. degree, two an M.S. degree in pharmacy, five a B.S. degree in pharmacy and six a B.S. degree in chemistry. It has a Research and Development section, an analytical sec-

tion, a Production section for non-sterile products, and a Control section. It might be of interest to note that the former Director of the Drug Standard Laboratory, American Pharmaceutical Association, has been appointed Manager, Analytical Research for Philips Roxane.

The majority of the raw material sources was familiar to the surveyor. U.S.P. and N.F. requirements are met in purchase specifications of these materials. All materials are quarantined upon receiving and are only released for use after approval by the Control section.

The equipment used throughout the plant seems to be satisfactory. Cleaning of equipment proceeds by rinsing with water, then with a detergent, then with water and deionized water. The equipment is finally flushed with a sanitizing solution and air dried.

An excellent precautionary measure of management is the rule that no employee is responsible for making more than one product at the same time.

All these points of information should be of interest to the pharmacist and should help him form an opinion about the company, an opinion upon which he can then base his decision whether or not to purchase drugs from this company.

None of these points would have any meaning, though, if the company did not have a strong Quality Control section that can make decisions independently, which are acknowledged and respected by management.

This company has its own quality control department, which has the authority to reject any items which do not comply with specifications. The laboratory receives, tests, collects samples and regulates release of materials from receiving, manufacturing, packaging and finishing. It is also responsible for in-process control. All samples are retained for three years.

The effectiveness of the control section is checked periodically by the use of "dummy" products, i.e., products introduced into the control process without knowledge of the control section personnel. It is noteworthy to point out that the company does test the therapeutic availability of its products by *in vivo* studies in animals and humans.

The surveyor concluded his impression as follows: "This is a relatively small company with an exceptionally high degree of technical and scientific integrity. It is obvious that personnel is well informed regarding the proper development, production, and control procedures. I would use products of their manufacture for my own family."

This, then, is the type of information a pharmacist can and should obtain before selecting a company as supplier of the drugs he will dispense to his patients. Admittedly, this information will not determine whether a particular product has the activity claimed for it or whether it has the same action as another product. But until such time as biopharmaceutical tests become universally available, the information should permit the pharmacists to make an intelligent choice.

A quick comparison with Table II might be indicated:

TABLE III
PRICE COMPARISON

	Company X	Philips Roxane
Meprobamate Tablets,		
400 mg., 100s	\$3.00	\$3.92
Tetracycline Caps.,		
250 mg., 100s	3.00	3.75

Had the pharmacist decided to purchase his drugs as urged by the flyer reproduced in part in Table II, he would have paid three cents per tablet or capsule of a drug from a company about which he has been given no informa-

tion whatsoever, except its pricing policy. If he selects to purchase, on the other hand, from a company where much information is available, he could give good professional service to his patients at only one cent per unit dose more. Clearly, the choice and the responsibility rests with the individual pharmacist.

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CONTEMPORARY GREETING CARDS

NARD Convention—Boston, October 6-10, 1968

Vice President Hubert H. Humphrey and Congressman Melvin Laird (R. Wis.) will be among the national and professional leaders representing the government, pharmacy and other health professions who will appear before the Convention. Willard B. Simmons, Executive Secretary of the NARD declared in announcing the program of the Convention.

Rand Dixon, chairman of the Federal Trade Commission; Congressman Wright Patman (D. Tex); Dr. J. Mark Heibert, chairman and chief executive officer of Sterling Drug Co., Inc.; Francis Capers, president of Formost-McKesson; David A. Pettigrew, national sales manager of Sylvania Lighting Products, Inc.; E. Clairborne Robins, president of A. H. Robins Co., Inc., and Dr. Howard Reed, Dean of the Massachusetts College of Pharmacy, will address the Convention.

Panel Discussions

Two panel discussions will be featured. A "Professional Services" panel will be moderated by Charles D. Blanton, Jr., of Kings Mountain (N.C.) Pharmacy. Members of the panel and the subjects to be covered are Dr. E. Keith Borden of the Upjohn Co., "The Pharmacist and the Diabetic Patient," Dr. Morton J. Rodman, Rutgers University professor of pharmacology, "Recent Advances in Antidotal Therapy," and Dean Arthur G. Zupko, "Drug Interactions."

The second panel will cover "As the Pharmacy Board Members See It" and will be moderated by Bert C. Brennan, president of the Michigan Board of Pharmacy. Participating will be A. G. McLain, secretary of the Oregon Board of Pharmacy who will discuss "Continuing Education" and Paul G. Grussing, secretary of the Minnesota Board of Pharmacy, who will cover "Retail Pharmacy Services to Institutions."

Pre-Paid Rx Plans

The Cambridge Research Institute will report on its study of Pre-Paid Pre-

scription Plans which was presented to the Drug Trade Conference. The presentation will offer guidelines for pharmacists and associations to follow in the matter of such plans. "

"What Motivates Women to Come Into the Drug Store for Professional Advice and Their Needs," will be a new feature at the convention. A panel of eight homemakers and mothers representing a variety of income ranges and all types of market communities—metropolitan, rural, small town, and suburban—will be interviewed on what they like and don't like about drug stores.

Drug Show Format

A change in convention format will enable NARD members to attend business meeting without foregoing opportunities to visit the exhibits in the Drug Show.

"This change will provide all members opportunity to visit each exhibit frequently," said Simmons. "Contact with the greatest number of drug store owners and pharmacists will be realized by exhibitors."

"The convention will go far to strengthen the position of retail pharmacy throughout this nation, for we have brought together some of the country's foremost experts on matters of deep and pertinent concern to all pharmacists," Simmons concluded.

— o —

FALL REGIONAL MEETING MARYLAND PHARMACEUTICAL ASSOCIATION

Thursday, October 17, 1968

Holiday Inn
Frederick, Maryland

*Send in Reservation Forms
Promptly!*



The man on the right is a professional

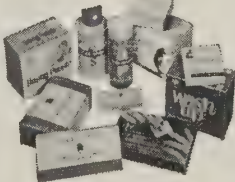
He's a professional charter fisherman. He knows there is more to fishing than bait and tackle. Your Youngs Drug Products salesman is a professional too. He knows there's more to selling than taking orders. Like the Captain, his something "more" comes from training and experience.

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— o —

Alumni Association Tour of Israel

The University of Maryland Alumni Association of the School of Pharmacy is sponsoring a ten day tour of Israel, October 28th through November 7, 1968.

Seven days sightseeing will include a city sightseeing tour of Tel Aviv, Jaffa, Old and New Jerusalem and Haifa, excursions will be made to Rehovot, Rishon Le-Zion, Jericho, Hebron, Bethlehem, Lower and Upper Galilee, Caesarea and Zichron Ya'Acov.

Reservations may be made through the Burton Travel Service, P.O. Box 5886, Baltimore, Maryland 21208. Cost per person, \$629. For additional information call Mr. Herman Kling c/o Flom's Pharmacy, 2245 E. Fayette Street, Baltimore, Maryland 21231. Phone 276-9659.

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

GENERAL MEETING

Thursday, September 26, 1968—10:00 P.M.

KELLY BUILDING

Agenda:

1. Amendment to the Constitution for full membership for all pharmacists
2. Medicaid Program
3. Blue Cross Prescription Program

Program Feature: "The Maryland Blue Cross Prescription Program"

Stuart L. Baltimore, Jr.

Manager of Pharmacy Relations Section

Maryland Blue Cross Plan

Question and Answer Period

Refreshments—Courtesy Minifax Distributors and B.M.P.A.

ALL PHARMACISTS ARE INVITED TO ATTEND

Prince Georges-Montgomery County Pharmaceutical Association

The fall season is under way with the announcement by Martin Hauer, chairman, program committee, of the dates of the September general membership meeting and the annual scholarship affair.

The general membership meeting will be held on Tuesday, September 17, 1968 at the Coca Cola Auditorium, Hillendale, Md. Directions: Beltway 495 to Exit 25, Hillendale. The program will feature a discussion of present and forthcoming pre-payment prescription plans operating in Maryland.

Meet Dean Kinnard

The scholarship affair will be held on Saturday evening, October 19, 1968 at Sheraton Motor Inn, Silver Spring, Md. The pharmacists of the Prince Georges-Montgomery County area will be afforded an opportunity to meet the new Dean of the University of Maryland, Dr. William J. Kinnard, Jr.

Reservation announcements will be in the mail shortly. Please return them promptly as directed. Let us give a grand welcome to Dr. Kinnard!

Melvin J. Sollod was elected a vice-president of the Maryland Pharmaceutical Association at the 86th annual convention of the Association held in Atlantic City earlier this month. Elected to the executive committee as representatives from District 3 (Southern) of MPhA covering our area were: Harold M. Goldfeder, Morton J. Schnaper, Dominic J. Vicino and Morris R. Yaffe. Regretfully one seat on the executive committee was lost because a number of our people do not belong to or failed to send their dues in time. Let's have a member get a member campaign. Your secretary has been visiting pharmacies in the counties to encourage membership in MPhA. Along with Mel Sollod and Samuel Morris several days have been spent in the Prince Georges-Mont-

gomery Counties area. When a member of our association visits your pharmacy, give them of your time.

Prompt registration is urged for the Continuing Education Series sponsored by the MPhA and the University of Maryland School of Pharmacy starting on Thursday, October 3 and successive Thursdays, October 10, 24, 31 and November 7.

Don't forget the MPhA Regional meeting to be held on Thursday October 17 at the Holiday Inn, nearby Frederick, Maryland.

—O—

Research Equipment Exhibit

The 18th Annual Instrument Symposium and Research Equipment Exhibit will be held at the National Institutes of Health, October 7-11, 1968. The Institutes, located at Bethesda, Maryland serve as the center of research activities in the Department of Health, Education, and Welfare.

Some 40 scientists of national and international repute will discuss recent developments in research methods and instrumentation in the symposium. The exhibit will display the latest products of 76 of the nation's leading manufacturers of research equipment.

Location of Exhibit

The research equipment exhibit will be located in Building 22 at NIH. It will be open daily from 10:00 a.m. to 5:00 p.m., October 7-10.

Plan to Attend

A cordial invitation is extended to members of the Association and all persons with an interest in research are invited to attend the symposium and exhibit. In 1967, more than 5,100 visitors were registered from the medical and health related professions, colleges and universities, and industry.

Alpha Zeta Omega

"Changes in Pharmacy" must be made, Dr. William J. Kinnard, Jr. told members of the Alpha Zeta Omega Pharmaceutical Fraternity at its 48th annual convention held at the Marriott Twin Bridges Motel, Washington, D.C. July 25th in a leading article appearing in the AZOAN, official publication of the fraternity. The AZOAN 1968 was edited by Paul Reznek.

"Many voices are telling us that the current image of pharmacy must be changed, not closed out, but altered for the best. I agree, the Dean stated, that changes must be made, but on our own terms. The point is, we are listening to what others tell us and are not formulating our own new concepts. It is time we stopped following others and became the leader of our own profession; we, too often, react to what others say and don't act on our own volition.

Magic Word-Organization

"Prepaid prescription services, OEO programs, etc. are changing the practice of community pharmacy. The protocol of each of these programs has varied, but where strong organization has existed, the program has been one that is of benefit to patient and pharmacist alike. The magic word is ORGANIZATION. Leadership, new program direction; these all require organization" Dean Kinnard stressed the fact in these times of changes to examine the operation of pharmacy groups and try to improve them.

"We can look at our national and state organizations and honestly say how nice the conventions are, and what fine men are active in the leadership—but what do we do about the vast number of eligible pharmacists that do not belong? Until we activate these people we are not going to develop the organizational power to effectively lead pharmacy down its separate pathway in health care. Legislative changes require power, guidance of OEO projects re-

quire power—may I call it pharmacy power. It's trite, but descriptive. Examine AZO and find out what makes the organizational clock tick and what its deficiencies are. Don't be satisfied with present membership levels, as AZO enlarges, as other groups enlarge, we will be able to put together a common voice that will speak clearly and firmly for our profession in the coming years," Dean Kinnard concluded.

Wholesalers Honored

Pi Chapter, Washington, D.C. presented plaques to the District Wholesale Drug Corporation, The Henry B. Gilpin Company and the Washington Wholesale Drug Corporation of Washington, D.C. in recognition of their invaluable service to community pharmacy. David I. Estrin, James E. Allen and Albert J. Obert of the respective companies were tendered the plaque on behalf of the chapter by Harold M. Goldfeder.

Greetings were brought to the convention by William S. Apple, executive director of the American Pharmaceutical Association and Dr. Louis Freedman, representing the School of Pharmacy of Hebrew University, Israel. William E. Woods, Washington Representative of the National Association of Retail Druggists gave an insight on Washington happenings and matters of interest to pharmacists.

Achievement Medal

Irving Rubin, editor and publication director of the AMERICAN PROFESSIONAL PHARMACIST received the AZO ACHIEVEMENT MEDAL for 1968 for his outstanding contributions to Pharmacy. Robert Kirschner of New York received the AZO MERITORIOUS AWARD given to a member of the fraternity yearly for outstanding service to the fraternity.

Samuel Breslow of Carteret, N.J. was elected Supreme Directorum. The 1969 convention will be held in Pittsburgh, Pa.



“Where today’s theory is tomorrow’s ~~therapy.~~”

Rx

For all practical purposes — particularly from the viewpoint of professional pharmacists — the slogan of Merck Sharp & Dohme could well be “Where today’s theory is tomorrow’s prescription.”

Merck Sharp & Dohme has a long tradition of leadership in pharmaceutical research . . . and continues its role as a developer of new drugs which result in significant increases in prescriptions. Just looking back on this past year, VIVACTIL® HCl (protriptyline HCl), MINTEZOL® (thiabendazole), and two important biologicals were among the major products to come out of MSD research.

In many instances, products with the MSD imprint on them have created entirely new drug markets without affecting the prescription rate of older drugs. Take INDOCIN® (indomethacin) as a case in point.

Here’s something else to keep in mind. In 1967, Merck Sharp & Dohme ranked among the top three pharmaceutical companies in dollar sales of prescription products. During the same period, the R. A. Gosselin National Prescription Audit showed eleven MSD products on the list of most-prescribed drugs — HYDRODIURIL® (hydrochlorothiazide), DIURIL® (chlorothiazide), TRIAVIL®, ELAVIL® HCl (amitriptyline HCl), and HYDROPRES® being prominent among them.

What does it all add up to? Prescription drugs from Merck Sharp & Dohme mean expanded business for you. It’s as simple as that.



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where today’s theory is tomorrow’s therapy



Samuel L. Fox, M.D.*

NOTE

"AS I SEE IT" by Samuel L. Fox, M.D. will be resumed in the next issue, August, 1968.

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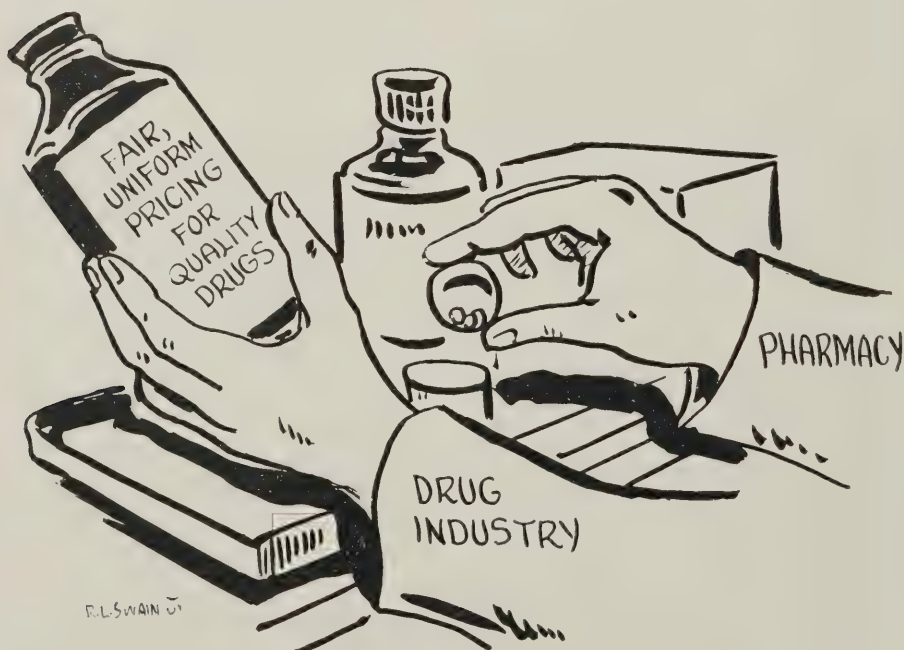
Maryland Rheumatic Fever Program

The Heart Association of Maryland in its program in the past has been asking pharmacists to send in cards stating that the patient has had their penicillin prescription filled. This assists the Association's follow up of patients. They have found that some cards come in so late that renewals do not get printed on time. The Association is asking the patient or a member of his family to take the responsibility of mailing the card in, in the feeling that this procedural change might be a relief to the pharmacist.

Post Change In Rx Dept.

Please make note of this change in the prescription center of your pharmacy when handling Rheumatic Fever prescriptions.

— o —



THE RIGHT APPROACH

The Heart Association Of Maryland, Inc.

July 2, 1968

Mr. Nathan Gruz

Maryland Pharmaceutical Association

650 W. Lombard Street

Baltimore, Md. 21201

Dear Mr. Gruz:

We would like to take this opportunity to thank the members of the Maryland Pharmaceutical Association for their superb cooperation in the state-wide program for preventing rheumatic fever recurrences. I thought that your members might be interested in knowing the extent of the program.

Over 3,800 patients are now active with the registry. During 1967, the first complete year of automated registry operation, 583 new patients were referred to the Maryland Rheumatic Fever Registry of whom 224 had acute attacks of rheumatic fever. The heart was in-

volved in 92 of these patients. Of the remaining patients 214 had definite rheumatic heart disease and an additional 39 had probable rheumatic heart disease.

These statistics, I believe, speak for the great community service which the Maryland Pharmaceutical Association is performing by providing low cost penicillin to these patients. By making the medication available, many repeat attacks of rheumatic fever are being prevented and, consequently, much unnecessary crippling from rheumatic heart disease is not taking place.

We would like to thank you for your participation in this program in the past and look forward to working with you in the years ahead.

Sincerely yours,

Leon Gordis, M.D.

Chairman

Rheumatic Fever Committee

—O—

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Philadelphia — Trenton — Wilmington

Medicaid Pharmacy Service Fee

The Maryland Pharmaceutical Association is continuing its efforts on all levels of government to obtain restoration of the \$1.50 Medicaid State Pharmacy Fee. In a letter sent to all pharmacists registered in Maryland, Executive Secretary Nathan I. Gruz noted: "All pharmacists who have not returned the questionnaire of July 15th should do so at once. The information is urgently needed for the current campaign to restore the \$1.50 fee and to support our efforts to secure a more reasonable and realistic fee for 1969-70.

Whom Do We Represent

"In our conferences with high officials," Mr. Gruz continued, "we will be presenting facts and figures to back up our position. In the past we have been asked:

a. Whom do we represent?

b. How many pharmacists and pharmacies do we speak for? **We can only speak for our membership.** In our forthcoming meetings with officials, we will present them with a list of our 1968 dues paid members. **Be sure your name is on the list.** If you have any questions, please call the MPhA office."

Do The Following

1. Write to Senator Daniel B. Brewster, Senate Office Building, Washington, D.C. 20510. Request him to contact Wilbur J. Cohen, Secretary, HEW, and ask him to review our case.

2. Write to your State Senators and Delegates explaining the impact of the reduction of fee upon you.

3. Our meetings with both federal and state officials indicate that action may be forthcoming only if pharmacy services to patients are affected. The MPhA believes, however, that any action taken by pharmacists should not be at the expense of essential patient health care.

In order to know your position, please

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complete and return the questionnaire AT ONCE.

4. Make sure you and your associates are on the list of member pharmacists to be included in the MPhA presentations.

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IMPORTANT NOTICE

Interim Payment for Medicaid Rx's

Through the efforts of the Maryland Pharmaceutical Association, the State Department of Health will make an interim payment for all prescriptions dispensed after July 1, 1968 by pharmacies. In order to obtain an interim payment, send a letter of request to:

Mr. Don Nave

Bureau of Management

Maryland State Department of Health
301 West Preston Street

Baltimore, Maryland 21201

State only the amount due for Rx's filled and submitted for the period beginning July 1, 1968 to September 1, 1968, ONLY.



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POISONINGS—WHOSE RESPONSIBILITY?

Emily Seydel, M.D.

Director, Maryland Poison Information Center, Baltimore City Hospitals

The very high incidence of poisoning, 3,761 cases were recorded in emergency rooms in Baltimore City in 1967, means every pharmacist needs to take the responsibility of warning his patrons of the potency of today's household chemicals and medications, many of which may be on open shelving for self-service. Of the 2,608 cases due to medication, 1,065 were aspirin and probably another sizeable portion can be attributed to other O.T.C. preparations, but that is not reason for physicians and pharmacists to smugly wash their hands of the problem. The public looks to us to protect them not just from the suffering of disease. As the professional group most knowledgeable about drugs, their action in the body and their possible toxicity, pharmacists must assume the paternal role of instructing the public. Done in a professional way sales may be altered but increased trust will bring increased patronage plus the satisfaction of helping control the high incidence of poisoning.

Type of Instructions

What type of instruction should be considered? There are pamphlets, slogans, posters and exhibits available* but personal interest and friendly suggestions probably are most effective. Emphasize *proper storage* first; if they are necessary in the house; products which are harmful when misused should be *locked* out of reach of the most inquisitive and ingenious child. How often we underestimate these enterprising toddlers. The pharmacist can well justify the additional cost of *protective packaging*. It is for that hectic day when someone by accident leaves a potential harmful substance out of the locked cabinet. Individually wrapped tablets and capsules and palm-and-turn closures may permit discovery before a serious poisoning occurs. Explain the precautions in your own home and how you

have *educated* your children by never taking medicine in front of them, never calling it candy or giving it unnecessarily for minor complaints, by telling them what is food and how to obtain it when hungry and by giving them safe items to explore by sight, sound, smell and touch while discouraging mouth testing.

Advice For Adults

But what about advice for adults without toddlers at home, without visiting grandchildren under 5 years old and without invading neighborhood youngsters? Does Mrs. Petrini understand the *importance of ventilation* when using the chlorinated hydrocarbon cleaning fluid she just purchased? Many customers can be reminded of the dangers of taking *someone else's prescription* and of the importance of *discarding outdated medications properly*. Mr. Brown may need to put on his glasses before taking medicine; cough syrup and lineament can be in the same size bottle in the same cabinet. That pesticide may kill both cockroaches and her pet cat if Mrs. Sanchez is not cautioned to *read the label*. Mr. Page may need a reminder that one martini will seem like two while on his new Butabarbital prescription. Or you may check with Mrs. Miller's doctor for an analgesic she can use instead of her usual aspirin now that she has started on probenecid. Today the therapeutic incompatibilities that pharmacists can guard against are multiple. Besides controlling accidental drug misuse, knowledge of *sedative effects* could decrease traffic and home accidents which often occur when alertness is diminished. The O.T.C. antihistamine for Mr. Brown's hayfever doesn't say do not use your powersaw and don't wash the second story windows today but this is an interpretation of the F.D.A. verbiage which could prevent an accident.

Of course *purposeful drug abuse and suicidal overdosage* must be mentioned as within the pharmacists' jurisdiction. Many teenagers reacting against parental authority and formal education can be well guided by a pharmacist whose position and information they respect. The pharmacist may also be the one person that recognizes Mrs. Jones' depression, the recent loss of her son and the number of sedatives she has amassed. A thoughtful word, an offer of help and personal interest may put her feelings into words in time to alert her physician.

Although every effort should go into prevention when an overdosage does occur what should be done? First call the patient's doctor because he has the medical history and can best evaluate how this particular patient will react. If this doctor is unavailable call the nearest Poison Control Center; there are 9 in Maryland:

Poison Control Centers

<i>Hospital</i>	<i>Telephone</i>
<i>Hospital</i>	<i>Telephone</i>
Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Maryland	342-0800
Johns Hospkins Hospital 601 North Broadway Baltimore, Maryland	955-6371
Sinai Medical Institutions Greenspring & Belvedere Ave. Baltimore, Maryland	367-7800
University of Maryland Redwood & Greene Sts. Baltimore, Maryland	955-8810
Suburban Hospital 8600 Old Georgetown Rd. Bethesda, Maryland	656-6000
Sacred Heart Hospital 215 Decatur Street Cumberland, Maryland	729-5200
Washington County Hospital King & Antietam Sts. Hagerstown, Maryland	733-3000
Holy Cross Hospital 1500 Forest Glen Road Silver Spring, Maryland	589-2600

Peninsula General Hospital 749-3161
S. Division St. & Locust St.
Salisbury, Maryland

Here constituent information and toxicity data is available and will be interpreted into first aid directions. Because these voluntary Poison Control Centers may occasionally not have adequate references, the Maryland Poison Information Center was established by the State Health Department in cooperation with the Maryland Academy of Pediatrics. This Center has a 24-hour a day 7-day week staff of secretaries, pharmacists and physicians to constantly up-date product and toxicologic data. As a back up for practicing physicians and Poison Control Centers it provides not only technical information on composition and toxicity gathered from the National Clearinghouse for Poison Control Centers, the Bulletins of Clinical Toxicology of Commercial Products, Food and Drug Administration, Department or Agriculture, manufacturers, toxicologists and current medical literature, but also medical consultation with physicians experienced in clinical toxicology. In other words there is a strong network of treatment facilities to assure up-to-date individualized patient care. Only when the victim is symptomatic or more than 5 to 10 minutes from the nearest telephone should first-aid be initiated without expert evaluation and direction.

Prevention Is The Answer

The very best treatment for poisoning will never compare with the prevention of this increasing problem. Pharmacists can activate their position as drug consultant and become the public's trusted specialist in the prevention of poisoning.

*—From: National Planning Council for
Poison Prevention Week
c/o U.S. Public Health Service
7915 Eastern Avenue
Silver Spring, Maryland

Civil Defense and Disaster Survival Committee

Report by JEROME BLOCK, Chairman

The highlight of Civil Defense and Disaster Survival Committee during the past year was participation in the Maryland Professions Training Seminar held on September 27-29, 1967 at Pikesville, Maryland.

Purpose of the Seminar

The seminar clarified the potential capabilities and functional roles of the health disciplines for the provision of health care to the sick and injured during a national emergency.

Based on the recommendations prepared by a disaster study committee of each discipline an attempt will be made to provide each discipline with the additional training necessary to acquire proficiency in the performance of emergency medical functions.

Representatives from the Maryland Pharmaceutical Association, Maryland Nurses Association, Maryland League for Nursing, Maryland State Dental Association, Maryland State Veterinary Medical Association, and pharmacy, nursing and dental schools were in attendance.

Dr. Benjamin F. Allen, Associate Professor of Pharmacy, School of Pharmacy, University of Maryland in his report suggested the following guidelines as objectives for the Maryland Pharmaceutical Association:

1. Show *Medical Self-Help films* at regular regional meetings;
2. *Up-date* lists of "shelter" locations for distribution to the public through drugstores;
3. Pharmacists be encouraged to visit "shelters" in their particular neighborhood;
4. Pharmacist be appraised of medical supplies in "shelter" medical kit;
5. Supplies in "Casualty Clearing Station" to be listed for the benefit of

pharmacists (if this "station" is still in the plans);

6. Maintenance drugs to be discussed with Medical Society to allow patient a 2-week back-up supply;
7. Inform pharmacists of procedures to be followed in "disaster" distribution of drugs according to the Health Resources Plan;
8. Inform pharmacists of the post-attack consumer rationing program; and
9. Attempt to interest the students in the College of Pharmacy, University of Maryland in the aforementioned objectives.

These objectives to be implemented through meetings and publications in the Maryland Pharmacist and possibly through a "workshop".

—O—

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No untoward side effects have been reported to date.

Literature on indications and dosage available on request.

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References: (1) Siver, R. H.: CMD, 21:109, September 1954. (2) Frykman, H. H.: Minn. Med., 38:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., 51:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., 15:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., 58:2672-2673,

August 1958. (6) Weekes, D. J.: EENT Digest, 25:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., 20:591-593, November 1965.

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MTHE MARYLAND PHARMACIST



MPHA FALL REGIONAL MEETING

Thursday, October 17, 1968

Holiday Inn, Frederick

**"DRUGS AND GOVERNMENT PROGRAMS—FEDERAL and
STATE LEGISLATION"**

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STATE DRUG ABUSE CONTROL ACT

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"SOURCE OF DRUG INFORMATION"

by

David A. Blake, Ph.D.

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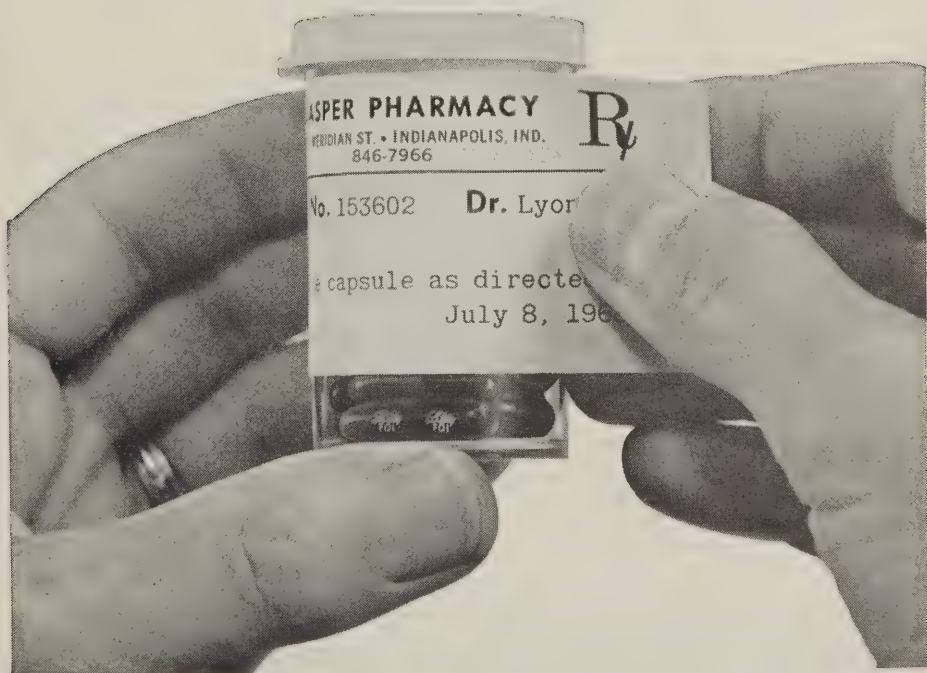
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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume XLIII

AUGUST, 1968

No. 11

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The views expressed in *The Maryland Pharmacist* signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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Editorial

Drug Abuse—Pharmacy's Role

You seldom pick up a newspaper or magazine today without finding an article about drug abuse. Radio and TV are also focusing on this problem daily.

Drug Abuse has become widespread in our society. No segment of our population regardless of socio-economic status, race or any factor, has been spared.

The reasons for the present drug abuse situation in our society are many and complex. But it seems that the cavalier attitude toward drugs of many members of the various health professions has not contributed to the proper respect for the properties of drugs.

Physicians, dentists, veterinarians, nurses and pharmacists all share a responsibility for the lack of respect that the general public has toward the inherent potential toxicity of **all** drugs—prescription and non-prescription.

We have all heard both health professionals and laymen say about someone's medication: "it is **only** phenobarbital," or "it is only a tranquilizer," or "it is **only** penicillin."

What health professionals seem to forget and laymen evidently do not realize is that a drug is a chemical agent that has the ability to alter or affect animal physiology and that every drug therefore has a potential toxic capability.

The nonchalance of many physicians and pharmacists towards drugs is certainly not a deterrent to the thousands of accidental poisonings by drugs both legend and over-the-counter that have occurred.

It was only after decades of medical use that barbituates and amphetamines were found to have severe addictive qualities. It is only recently that medical and pharmaceutical scientists have given great attention to the potentiating effect of some drugs when prescribed simultaneously with certain other drugs. The study of drug interactions in the body and their effects on therapy are in the pioneering stage. The hazards of self-medication particularly when there is concurrent therapy with prescribed medication are only now being considered by clinicians.

The permissive climate of our society in regard to the use of prescription medication is reflected in such practices as one person taking medicine prescribed for another without the benefit of professional consultation.

Also contributing to the nonchalant public attitude toward drugs is the promiscuous dispensing of drugs by some physicians, dentists and veterinarians. Often this dispensing is done without maintaining the kind of records so stringently required of pharmacists. Even worse is when dispensing physicians permit such unqualified assistants such as nurses, secretaries and miscellaneous kinds of personnel to dispense drugs. (The question arises as to whether any agency inspects these physician "drug rooms" as to conformity to Federal and State drug laws).

With such a state of affairs, we recommend that the pharmacists of Maryland take the initiative in launching a program with the following objectives:

1. Professional Education

Education of all health professionals in all aspects of drug action and interaction, drug processing and drug abuse.

2. Public Information

The dissemination of information to the public on prescription and non-prescription drug use and abuse.

3. Community Coordination

The coordination into one state-wide council of all agencies and organizations—governmental, private, professional and lay—in order to most effectively implement the first two objectives.

With the minimum five year university education now required, pharmacists are academically qualified to be the drug experts of our society. We have not fully exploited our potential in the medical care of our fellow citizens. We have not assumed the complete and necessary role we can play in the solution of many public health problems.

In the matter of drug use and drug abuse, the Maryland Pharmaceutical Association can bring together all interested parties who can contribute constructively to the problems. Pharmacists can and should be the leaders in this field.

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President's Message

My Fellow Pharmacists:

A voice in the affairs of the Maryland Pharmaceutical Association is not something that is reserved for the Executive Committee, the officers or the chosen few. The officers invite and urge all members to offer us their ideas and comments, no member is excluded. The men who run the affairs of this organization give of their time and money to serve the Association, they do not get, nor do we expect compensation, but, we do ask for the expert and constructive advice of the membership.

During the ensuing year, we shall invite pharmacists to attend the meetings of the Executive Committee to see how the Maryland Pharmaceutical Association is run. We shall expect them to share their thoughts and ideas with us.

At the fall Regional Meeting to be held at the Holiday Inn in Frederick, we hope to have the entire Senior Class of the Pharmacy School as our guests. We want to give these future pharmacists a look at our problems and programs.

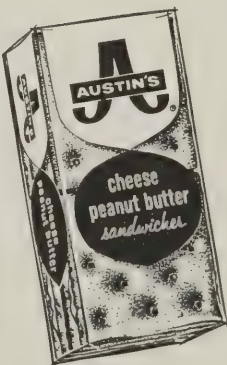
I again urge all our members to carry the word of membership in the MPhA. A strong membership is the answer to most of our problems.

SAMUEL WERTHEIMER,
President

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Maryland Pharmaceutical Association

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FALL REGIONAL MEETING

Thursday, October 17, 1968

HOLIDAY INN—FREDERICK

(Junction U.S. 40 West, U.S. 15 and 70S)

1:00 P.M. Luncheon

2:30 P.M. Business Meeting

3:00 P.M. Program: "Drugs and Government Programs—Federal and State Legislation"

Speakers: Mary Louise Anderson, Chairman of the House of Delegates, American Pharmaceutical Assn.

John T. Kelly, Legal Counsel, Pharmaceutical Manufacturers Association

Question & Answer Period

5:00 P.M. SOCIAL HOUR

6:00 P.M. DINNER

Presentation of Past President's Award to Milton A. Friedman by Mr. R. M. Mace, of E. R. Squibb & Sons

Guest Speaker: William Shoemaker, Director of Pharmaceutical Programs, Pennsylvania State Department of Public Welfare

LAMPA PROGRAM—Ladies Auxiliary MPhA

12:00 Noon Meet the Author: TED VENETOULIS, Author of
The House Shall Choose

Door Prizes

2:30 P.M. The Birds of Edward Marshall Boehm—Colored Film

Secretary's Script . . .

A Message from the Executive Secretary

Blue Cross Prescription Plan

The Maryland Hospital Service has finally announced the inauguration of the Blue Cross Prescription Plan.

The Maryland Pharmaceutical Association has been involved in the development of prescription pre-payment plans for about five years. When Blue Cross and Blue Shield were first approached, interest was rather luke-warm.

We looked into the "Paid Prescriptions" Plan of California and took a leading role in the establishment of the Eastern Pharmaceutical Service.

MPhA succeeded in obtaining an amendment in 1967 to the State law to include pharmaceutical services in non-profit health insurance plans.

During these years we reviewed the various plans including the Blue Cross Rx plans in New York, New Jersey and Virginia. The Maryland Plan is in line with these plans and the guidelines of "National Blue Cross."

Although not completely measuring up to our ideal, the Maryland Plan should elicit the participation of all pharmacists. We have already made some recommendations for the future and we are confident that Blue Cross will favorably consider revisions that are in both the public's and the professional interests.

Medicaid and Cost Accounting

MPhA is not only continuing its efforts in regard to the deficiencies in the current (fiscal 1969) year, but is at the same time working in the next year's program which runs from July 1, 1969 to June 30, 1970 (fiscal 1970).

It is imperative that all pharmacists receiving questionnaires and survey forms from MPhA complete and return them promptly. We must have facts to support the positions we take before governmental bodies who make decisions affecting pharmacy.

At the same time, pharmacists will be well advised to fully know the accounting facts about their individual pharmacy operations. Some kind of cost-accounting information is necessary if the pharmacy owner is to arrive at intelligent policies in providing pharmaceutical services. Hit and miss methods or guesswork will no longer do.

Third party plans, like Medicaid and Blue Cross, arrive at their conclusions after careful analysis including the results of field surveys. What each person managing a pharmacy does affects the total picture.

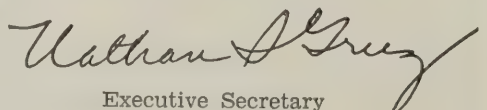
So when you make a decision concerning prescription services and your charges to the public, be sure they are based on sound professional and management principles.

Priority Events

Lecture Series—October 3 - November 7, 1968—Continuing Education Program sponsored by the MPhA and the University of Maryland School of Pharmacy "The Pharmacists Responsibility in the Evaluation of Drug Quality."

October 17—MPhA Regional Meeting—Holiday Inn, Frederick, Maryland.

Sincerely,


Executive Secretary



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Samuel L. Fox, M.D.*

Organ Transplants

So much notoriety has occurred in connection with the various attempts to surgically transplant the heart of a dead person to a living patient in need of a new heart that I wish to offer some comments. Although the pharmacist is not actively involved in these cases, he is a member of the health team and is expected by the public to be knowledgeable in most health matters. In addition, as our knowledge of immunology and pharmacology increases, more drugs will be used in the management of these cases and the Pharmacist might well become directly involved in the care of these patients.

Tissue Rejection

In spite of the tremendous strides which have been made surgically in these cases, there are as yet no long-term successful cases. The reason for the failures is an adverse immunologic reaction now termed "tissue rejection". This is not a new phenomenon, nor are tissue transplants a new concept. It has been known for many years that skin grafts from one individual to another would almost always fail because of

"tissue rejection" by the host. Other transplants which have been tried with little or no success include bone and greater knowledge gained in matching cartilage to correct defects, fascia and, more recently, transplants of kidneys and a few other tissues. With the tissues, a number of kidney transplants have been successful. Skin transplants and those of cartilage and bone have been successful if carried out in the same patient (autografts) but rarely when the graft is taken from a donor and placed in a different host patient. In the case of kidneys, the host and the donor must have compatible immunologic reactions, usually from blood relatives. In the case of corneal transplants of human eyes, the grafts have been well tolerated in most cases without any special immunologic matching. The one universally satisfactory tissue transplant is the human blood transfusion, but here it is necessary to make sure that both bloods match, as otherwise serious reactions (and even death) may occur.

With the introduction of the steroids into our therapeutic armamentarium, it was hoped by both surgeons and immunologists that these adverse reactions and tissue rejections could be avoided or at least controlled. And so in each of the reported heart transplant patients the use of such steroids was a major factor in the success of the cases for whatever time they lived. One of the major problems in the long-continued use of heavy doses of steroids is the depression of immunologic antibodies necessary to ward off serious generalized infections in the body, and indeed the famous South African patient developed pneumonia (which was almost fatal) even though he was kept in a specially prepared sterile room through weeks of the post-operative period. The prophylactic use of broad spectrum antibiotics is almost a must in such patients, and this leads to other

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

problems especially in the gastro-intestinal tract and on the other epithelial tissues of the body. In order to maintain a patient on sufficient steroid to depress the tissue rejection factors, it is necessary to maintain him in a sterile atmosphere and guard him constantly from intercurrent infections, to which he is so very prone. This becomes an almost impossible task occupying the full-time efforts of a small army of medical and para-medical personnel.

Examine Basic Tenets

Assuming all of this can be accomplished, we then must go back and examine some basic tenets. First, there is the moral tenet which proclaims that such operations are in violation of God's moral laws. The orthodox (of all faiths) point to the teaching in Leviticus 19 which prohibits the cross-breeding of cattle or of grain seeds and even admonishes "nor may man wear a garment of two kinds of stuff mingled together." To them, the transplanting of tissues is a kind of "cross-breeding" or "mingling" which is forbidden. The only reason the howl on their part is a weak voice is the fact that everyone recognizes the superior claim made for the principle of the prolongation of human life. I have often thought of this chapter in Leviticus when I have seen the patently pious purchasing garden fresh corn and tomatoes at a roadside stand. Don't they know that all corn, and most other vegetables today, are grown from hybrid seed developed by scientists? Or does the hunger for these delicacies obtund their memory?

If we get over the supposed Biblical opposition, then we must face further moral problems. It has been suggested that surgeons anxious to perform a transplant might be given to "permitting a suitable donor to die" in order to obtain a suitable heart for transplanting. This opens an entirely new debate which is currently engaging much attention. That is, when is a person

"dead"? I will attempt to discuss this in a future article, but for the present let me say that it is inconceivable to me that any surgeon, no matter what the reward, would fail to exercise all possible measures to save a life. Men who go into medicine cannot fail to develop a scale of values in which human life excels all known values. The most callous student, no matter how ill-motivated, changes when he assists in situations in which life is born and in which life expires. To some, this produces a God-like image of themselves as physicians; to most, however, these experiences result in a sense of humility unequalled by any other profession, yes, even including the ministry. And so, I believe we can put to rest the fear that someone may be sacrificed in order to provide a good specimen for transplanting to another.

Review Studies

And now, to get to the more important problems, let us review some of the studies which have been made to try to make tissue and organ transplanting a procedure available to all in any well equipped hospital. In an effort to solve some of the problems, a three-day symposium was held in Cape Town recently on heart transplantation. It was attended by such internationally known surgeons and immunologists as Drs. Christian N. Barnard, Edward B. Stinson (Stanford), Denton A. Cooley (Baylor), Michael Bellizzi (of Argentina), and many others from practically every nation in the world where this work is progressing. *Medical Tribune* covered the meeting and presents a detailed account of the meetings in its September 2, 1968 issue. This report makes interesting and informative reading and is recommended to all who read these comments. (In the next column I will attempt to summarize the results of this meeting).

Maryland Board of Pharmacy

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F. S. BALASSONE, B.S.
Secretary

2305 N. CHARLES STREET
BALTIMORE, MARYLAND 21218

The Maryland Board of Pharmacy met at the office of the Secretary, 2305 North Charles Street, Baltimore, on Wednesday, August 14, 1968 to canvass the grades made in the examinations conducted by the Board on June 26, 27, and 28, 1968. Registration was granted to:

Richard A. Hall Jerald B. Lipkin
Bruce L. Zagnit

The following passed the theoretical examination, but registration is withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy:

Robert W. Adams
Charles M. Alpert
John P. Barker, Jr.
George C. Bohle, Jr.
Steven C. Cohen
Steven S. Cohen
Janis M. Croes
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Larry P. Solomon
William Statter
William A. Samios
Earl T. Smith
Patrick G. Welsh
Martin W. Wolff, Jr.
Leslie A. Zive

— o —

Pharmacy Changes

The following are the pharmacy changes which occurred during the month of August, 1968:

New Pharmacies

Drug Fair No. 114, Milton I. Elsbarg, President, 35 Padonia Road, Timonium, Maryland 21093.

University Boulevard Professional Pharmacy, Solomon W. Greenberg, 831 University Boulevard East, Silver Spring, Maryland 20903.

White Cross, D. M. Robinson, President, 60-64 West Washington Street, Hagerstown, Maryland.

Peoples Service Drug Store No. 251, G. B. Burrus, President, Maryland City Plaza Shopping Center, 3401 Ft. Meade Road, Laurel, Maryland.

Spring Grove State Hospital Pharmacy, Bruno Radauskas, M.D., Superintendent, P.O. Box 3235, Catonsville, Maryland 21228.

No Longer Operating As Pharmacies

Gilbert's Pharmacy, Donald Aronson, 50 State Circle, Annapolis, Maryland 21401.

Callow Pharmacy, Inc., Manuel Miller, President, 2325 Callow Avenue, Baltimore, Maryland 21217.

Colonial Pharmacy, Allan I. Cohen, President, 251 West Street, Annapolis, Maryland 21401.

Downes Brothers Pharmacy, Sidney Pats, 823 West North Avenue, Baltimore, Maryland 21217.

Solomon Brothers, Simon and Samuel Solomon, 1342 Pennsylvania Avenue, Baltimore, Maryland 21217.

Parkway Pharmacy, Inc., Harold H. Mazer, President, Salisbury Parkway & Cypress Street, Salisbury, Maryland.

Change of Ownership

David P. Schindel and Son, Cyrus F. & Jeanne W. Jones (Formerly owned by Frances Schindel and Arthur C. Harbaugh), Oak Hill & Potomac Avenues, Hagerstown, Maryland.

— o —

NABP and AACP District Meeting, October 17-19

The District 2 meeting of the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy will meet October 17th through October 19, 1968. The meeting will be held at the Howard Johnson Chatam Center, 1000 Fifth Avenue, Pittsburgh, Pa.

Francis S. Balassone, Secretary of the Maryland Board of Pharmacy and Dr. William J. Kinnard, Jr., Dean of the University of Maryland Board of Pharmacy will be among those in attendance from the State of Maryland.

Represented in District 2 are the states of New York, Ontario, Pennsylvania, Maryland, District of Columbia, Virginia and West Virginia.

Balassone Receives NABP Past President's Pin

"Today we wish to honor the Past Presidents of the National Association of Boards of Pharmacy, to recognize them with a symbolic emblem or insignia for the many years of service they have given to this organization", A. G. McLain, president of NABP, declared in presenting the pin to Francis S. Balassone, Secretary of the Maryland Board of Pharmacy. Mr. Balassone is a past president of the Association during the recent Board's convention.

Good Leadership

"It has been said good leadership is determining the need, evaluating the procedures and instituting the effective programs to meet these needs," he added.

The Pin

The basic design of the pin is a circle with a triple overlapping fan design extending from the bottom. Inside the circle are three tangential circles enclosing the bowl of Hygiea, the Roman "fasces", and the words *Past NABP President*. Three, perfect, 5 pt diamonds are set into the fan design.

— o —

Licensing of Pharmacists

Pharmacists are members of one of the earliest professions to be licensed, with 43 out of 51 states antedating 1900. Licensing is compulsory in all states and the District of Columbia.

Initial licensure of pharmacists today requires a minimum of 5 years of professional education, of which the last 3 or 4 must be in an accredited College of Pharmacy. Written and practical examinations are required in all States and oral examinations in 32 States.

Total licenses in effect in 1966 numbered around 172,000.

National Association of Boards of Pharmacy

The purpose of the NAPB is to provide for the interstate reciprocity in pharmaceutical licensure, based on a uniform minimum standard of pharmaceutical education and uniform legislation; to improve the standards of pharmaceutical education, licensure and practice by cooperating with State, National and International Agencies and Associations having similar objects.

64th Annual Convention

The 64th annual convention of the National Association of Boards of Pharmacy was held in conjunction with the annual meeting of the American Pharmaceutical Association in Miami, May 1968.

A. G. McLain of Oregon was elected president and Francis S. Balassone, secretary of the Maryland Board of Pharmacy was named to the executive committee of the Association.

Resolutions Adopted

The Food and Drug Administration and the Bureau of Narcotics and Dangerous Drugs were commended for their continued co-operation with State Drug Law Enforcement Officers. The use of a Task Force Liaison Unit with each governmental agency was urged, to the end that better communication and cooperation will exist in the interest of health, welfare and safety of the consuming public.

Another resolution stated in regards to Continuing Education that in the light of scientific advances in pharmaceuticals have brought an increase in products, programs and services which the pharmacist must continually understand and effectively utilize for the public welfare, the NABP was urged to create a standing committee on Continuing Education, composed of 5 members of the Association to be established

for the purpose of developing guidelines—both statutory and otherwise—for use by states in setting up a Continuing Education Program and co-operating with other organizations having similar objectives.

The Department of Health, Education and Welfare was urged to require the compounding and dispensing services by pharmacists on either an on premise or off premise basis for institutions participating in Medicare.

The National Association of Boards of Pharmacy Bureau of Law Enforcement was asked to outline a plan for a School of Pharmacy Inspectors at the earliest possible time.

Representatives of the American Society of Hospital Pharmacists were invited to identify and explain the safety features of existing and contemplated unit dose systems. This is in regards to new drug distribution systems generally described as *Unit Dose Systems* that have been developed and being that a part of these systems appear to be in conflict with current regulatory concepts based on traditional systems.

Officers and Committees

The following Maryland Board of Pharmacy members were elected or appointed to serve as officers on committees or as delegates for the year 1969:

Executive Committee and Committee on Legislation. Francis S. Balassone.

Committee on Internship Training: Alexander J. Ogrinz, Jr.

Delegate Appointments: American Council on Pharmaceutical Education and the Association of Food and Drug Officials of the United States, Francis S. Balassone.

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CONTEMPORARY GREETING CARDS

State Drug Abuse Control Act

Senate Bill No. 231.

AN ACT to repeal Section 313B and 313BA of Article 27 of the Annotated Code of Maryland (1967 Supplement), title "Crimes and Punishments," subtitle "Health—Amphetamines," and to enact new Section 313B in lieu thereof, to stand in the place of the sections repealed, and to be under the new subtitle "Health—State Drug Abuse Control Act," to provide for the regulation and control of the manufacture, distribution, delivery and possession of depressant and stimulant drugs as defined, including counterfeit drugs, providing for penalties for violations thereof, and dealing in general with the subject of depressant and stimulant drugs.

WHEREAS, The regulation and control of the manufacture, distribution, delivery and possession of certain drugs, including depressant and stimulant drugs as well as other drugs which have a potential for abuse due to their depressant or stimulant effect on the central nervous system, or because of their hallucinogenic effect, is essential to the public health and safety of the people of Maryland; and

WHEREAS, There is a substantial traffic in counterfeit drugs, posing a serious hazard to the health of innocent consumers of such drugs, due to their being prepared in a clandestine fashion by operators without proper qualification, facilities and manufacturing controls; and

WHEREAS, The General Assembly of Maryland, with the welfare of the people of Maryland in mind, has an obligation to regulate and control the manufacture, distribution, delivery and possession of the aforementioned drugs, to insure the public of the therapeutic benefits of such drugs under medical supervision, by complementing and supplementing laws and regulations of the

United States Congress and appropriate Federal agencies in order to prevent manufacture, distribution and delivery of such drugs for harmful or illegitimate purposes, by placing upon manufacturers, wholesalers, licensed compounders of prescriptions and persons prescribing such drugs, a basic responsibility to prevent the improper distribution of such drugs to the extent that these drugs are produced, handled, sold or prescribed by them; now, therefore

SECTION 1. Be it enacted by the General Assembly of Maryland, That Sections 313B and 313BA of Article 27 of the Annotated Code of Maryland (1967 Supplement), title "Crimes and Punishments," subtitle "Health—Amphetamines," be and they are hereby repealed, and that new Section 313B be and it is hereby enacted in lieu thereof to stand in the place of the sections so repealed, and to be under the new subtitle "Health—State Drug Abuse Control Act," and to read as follows:

STATE DRUG ABUSE CONTROL ACT 313B.

(a) As used in this subtitle:

(1) The term "Department" means the State Department of Health.

(2) The term "person" includes individuals, partnerships, corporations and associations.

(3) The term "drug" means (i) articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary or any supplement of them; (ii) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animal; (iii) articles (other than food) intended to affect the structure or any function of the body of man or animals; (iv) articles intended for use as a component of any article specified in (i), (ii) or (iii) of

this subsection. The term "drug" however, does not include devices or their components, parts or accessories.

(4) The term "counterfeit drug" means a drug, or container or labeling of a drug which without authorization bears the trademark, trade name, or other identifying mark, imprint or device (or any likeness thereof), of a drug manufacturer, processor, packer, or distributor other than the person or persons who in fact manufactured, processed, packed or distributed such drug, and which thereby is falsely represented or purported to be the product of, or to have been packed or distributed by, such other drug manufacturer, processor, packer or distributor.

(5) The term "depressant or stimulant drug" means (i) any drug containing any quantity of barbituric acid, any salt of barbituric acid or any derivation of barbituric acid which has been designated under the provisions of the Federal Drug Act as habit forming; (ii) any drug containing any quantity of amphetamine or any of its optical isomers, any salt of amphetamine or any salt of an optical isomer or amphetamine; (iii) any substance designated under the provisions of the Federal Drug Act as habit forming because of its stimulant effect on the central nervous system; (iv) any drug containing any quantity of any substance designated under the provisions of the Federal Drug Act as having potential for abuse due to its hallucinogenic effect or its depressant or stimulant effect on the central nervous system; BUT SHALL NOT MEAN ANY NARCOTIC DRUG AS DEFINED BY SECTION 276 OF ARTICLE 27 OF THIS CODE.

(6) The term "manufacture, compound or process" includes repackaging or otherwise changing the container, wrapper, or labeling of any drug package, in the furtherance of the distribution of the drug from the original place of manufacture to the person making final delivery or sale to the ultimate

consumer. "Manufacturers, compounders, and processors" refer to any persons engaged in activities defined under this subsection.

(7) The term "practitioner" means physician, dentist, veterinarian or other person licensed in this State to prescribe or administer drugs subject to this section.

(8) The term "Federal Drug Act" means the Federal Food, Drug and Cosmetic Act 52 Stat. 1040 (1938), 21 U.S.C. Sections 301-392, as amended from time to time.

(b) No one but the following persons shall manufacture, compound or process any depressant or stimulant drug, except those exempted under Section 511 (f) of the Federal Drug Act, in this State:

(1) Manufacturers, compounders, and processors regularly engaged in preparing pharmaceutical chemicals or prescription drugs for distribution to pharmacies, hospitals, clinics, public health agencies, physicians, laboratories, research or educational institutions, for use in dispensing upon prescription, use by or under supervision of licensed practitioners who administer such drugs in the course of their professional practice, or use in research, teaching, or chemical analysis.

(2) Suppliers of manufacturers, compounders and processors referred to in subsection (1) above.

(3) Wholesale druggists who are regularly engaged in supplying prescription drugs to pharmacies, hospitals, clinics, public health agencies, physicians, laboratories, research or educational institutions for use in dispensing upon prescription, use by or under supervision of licensed practitioners who administer such drugs in the course of their professional practice, or use in research, teaching or chemical analysis.

(4) Pharmacies, hospitals, clinics and public health agencies regularly engaged in dispensing drugs upon pre-

scription of practitioners licensed to prescribe such drugs for patients in the course of their professional practice.

(5) Practitioners who are licensed to prescribe or administer depressant or stimulant drugs in the course of their professional practice.

(6) Qualified persons using depressant or stimulant drugs in research, teaching or chemical analysis, and not for sale.

(7) Officers and employees of this State, a political subdivision of this State or of the United States, while acting in the course of their official duties.

(8) An employee or agent of any of the persons listed in (1) through (6) of this subsection, or nurses or other medical technicians under the supervision of a practitioner licensed to administer depressant or stimulant drugs, while said employee, agent, nurse or medical technician is acting within the scope of his employment or occupation.

(c) No person shall sell, deliver, or otherwise dispose of any depressant or stimulant to any other person unless the person so disposing of said drug or drugs is:

(1) A person described in subsection (b) of this section, while he is acting within the scope of his business, profession, occupation or employment.

(2) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any depressant or stimulant is in the usual course of his business or employment.

(d) No person, other than those described in subsections (b) or (c) of this section shall possess any depressant or stimulant drug unless such drug was obtained upon a valid prescription and held in the original container in which it was delivered, or was delivered by a practitioner in the course of his professional practice and the drug is held in the immediate container in which it was delivered. **SUBSEQUENT PROOF OF THE LEGALITY OF POSSESSION SHALL BE SUFFICIENT TO**

ABROGATE THE CONTAINER REQUIREMENTS OF THIS PARAGRAPH.

(e) No person shall obtain or attempt to obtain a depressant or stimulant drug by fraud, deceit, misrepresentation or subterfuge. This subsection shall not apply to officers and employees of this State, or a political subdivision of this State or of the United States while acting in the course of their official duties; or to drug manufacturers, or their agents or employees authorized to possess stimulants or depressant drugs under the provisions of this subtitle while they are actually engaged in investigative activities directed toward safeguarding said drug manufacturer's trademark.

(f) No person shall make, sell, dispose of, or keep in possession, control or custody, or conceal any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling thereof so as to render such drug a counterfeit drug.

(g) (1) From and after July 1, 1968, every person engaged in manufacturing, compounding, processing, selling, delivering or otherwise disposing of any depressant or stimulant drug shall prepare a complete record of all stocks of each drug on hand and keep such record for a period of three (3) years. If such record has already been prepared in accordance with Section 511(d) of the Federal Drug Act, and has been retained and is available to the Department upon request, no additional record shall be required. Every person manufacturing, compounding or processing such drugs shall include in the record prepared the kind and quantity of each drug manufactured, compounded or processed and the date of such manufacture, compounding or processing. Every person selling, delivering, or otherwise disposing of such drugs

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shall include in the record prepared, the kind and quantity of each such drug received, sold, delivered, or otherwise disposed of, the name and address of the person from whom it was received, and to whom it was sold, delivered, or otherwise disposed of, along with the dates of such transactions.

(2) Persons required to prepare and keep records as provided in (g) (1) above, shall, upon request, permit officers and/or employees authorized by the Department to have access to and copy such records. Officers and/or employees properly authorized by the Department, may enter at reasonable times any factory, warehouse, establishment or vehicle in which any depressant or stimulant drug is held, manufactured, compounded, processed, sold, delivered or otherwise disposed of, to inspect, within reasonable limits in a reasonable manner, such factory, warehouse, establishment or vehicle, and all pertinent equipment, finished and unfinished material, containers and labeling therein, including records, files, papers, processes, controls and facilities, with the right to inventory any stock of any such drug and obtain samples of any such drug; provided, however, that the right of inspection shall not apply to financial data, sales data (other than shipment data), pricing data, personnel data or research data.

(3) The provisions of subsections (g) (1) and (2) shall not apply to a licensed practitioner as defined in (b) (5) with respect to depressant or stimulant drugs received, prepared, processed, administered or dispensed by him in the course of his professional practice, unless he regularly engages in dispensing such drugs to his patients for which they are charged, either separately or together with charges for other professional services.

(h) No prescription for any depressant or stimulant drug (issued either

before or after July 1, 1968) may be filled or refilled more than six (6) months after the date on which the prescription is issued. No prescription may be refilled more than five (5) times. A new prescription may be issued in writing or orally, but any oral prescription shall be promptly reduced to writing on a new prescription blank and filed by the pharmacist filling it. This subsection shall not apply to depressant or stimulant drugs exempted under Section 511(f) of the Federal Drug Act.

(i) A duly authorized agent of the Department, on reasonable grounds, may seize the following:

(1) A depressant or stimulant drug and its container, used in violation of any other provision of this section.

(2) Any counterfeit drug, and its container.

(j) A duly authorized agent of the Department with a warrant may seize the following:

(1) Equipment used in manufacturing, compounding, or processing a depressant or stimulant drug used in violation of any other provisions of this section.

(2) Any punch, die, plate, stone, labeling, container or other thing used or designed for use in making a counterfeit drug or drugs.

(3) Any conveyance used to transport, carry or hold a depressant or stimulant drug used in violation of any other provision of this section, or being used to transport, carry or hold a counterfeit drug. "Conveyance" shall mean any vehicle, vessel, aircraft or other contrivance used or capable of being used as a means of transportation on land, in water, or through the air.

(k) (1) Whenever an article, equipment, conveyance or other thing is seized under the provisions of subsection (j) above, the Department shall, within five (5) days thereafter, file in the circuit court of the county or the Supreme Bench of Baltimore City, having jurisdiction over the place of seizure, a complaint for condemnation of

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the goods seized. The proceedings shall be brought in the name of the State by the State's Attorney of the county or Baltimore City, as the case may be, and the complaint shall be verified by a duly authorized agent of the State in a manner required by law. The complaint shall describe the goods seized, their location, the name of the person, firm or corporation in possession as well as the person alleged to be the owner, if known, the essential elements of the violation claimed to exist, and a prayer of due process to enforce the seizure. Upon the filing of such complaint, the court shall order service of process upon the alleged owner of said merchandise by the APPROPRIATE LAW ENFORCEMENT OFFICER. Such service may be made in person, by mail, or by publication in accordance with the Maryland Rules of Procedure. If, after twenty (20) days following service, no answer is filed to the complaint, the court shall order the disposition of the seized goods.

(2) Any person, firm, or corporation having an interest in the seized goods, or any person, firm or corporation against whom civil or criminal liability would exist because the seized goods were used in violation of any provisions of this section, may within twenty (20) days after service appear and file answer or demurer to the complaint, alleging his interest or liability in the goods seized.

(3) After entry of the appropriate decree, the court may order the goods seized to be disposed of by destruction or sale. If sold, the proceeds, less legal costs and charges shall be deposited in the general funds of the State. In any proceedings under the complaint filed, the court shall allow the claim of any claimant, to the extent of the claimant's interest, where it can be proved to the court's satisfaction that the claimant has not committed or caused to be committed any act in violation of this section, has no interest in any drug re-

ferred to therein but does have an interest in such equipment or other goods as owner, lienor or otherwise, acquired in good faith, and at no time had knowledge or reason to believe that the goods seized were being used or intended to be used in violation of any of the provisions of the section.

(4) The court, in entering an appropriate decree, shall award court cost, fees, storage and other proper expenses, against the person, if any, intervening as claimant of the goods seized.

(1) (1) Any person who violates the provisions of subsection (b) of this section shall be guilty of a felony; and on conviction for the first offense, shall be subject to a penalty of imprisonment for not less than two (2) nor more than five (5) years, or a fine of not more than \$2,000, or both such imprisonment and fine. Second and subsequent convictions shall subject the person so convicted to imprisonment for not less than five (5) years or a fine of not more than \$5,000, or both such imprisonment and fine.

(2) Any person eighteen (18) years of age or older, who violates subsection (b) of this section by selling, delivering, or otherwise disposing of any depressant or stimulant drug to a person who has not attained his 21st birthday shall, upon first conviction thereof, be subject to imprisonment for not more than five (5) years, or a fine of not more than \$5,000, or both such imprisonment and fine. For the second and any subsequent convictions for such violations, the defendant shall be subject to imprisonment for not more than ten (10) years, or a fine of not more than \$10,000, or both such imprisonment and fine.

(3) No person shall be guilty of violating the provisions of subsection (f) if he can prove to the satisfaction of the court that in making, selling, disposing of, or keeping in possession, control, or custody, or concealing any punch, die, plate, stone, or other thing designed to print, imprint, or reproduce

the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling thereof, so as to render such drug a counterfeit, or in doing any act which causes a drug to be a counterfeit drug or the sale or dispensing, or the holding for sale or dispensing, of a counterfeit drug, he acted in good faith, and had no reason to believe the use of the punch, die, plate, stone, or other thing involved would result in a drug being a counterfeit drug.

(m) It shall be the duty of the Department TO REPORT TO THE STATE'S ATTORNEY any violation of any of the provisions of this section WHO SHALL institute appropriate proceedings in the proper court without delay and to prosecute them in the manner required by law.

(n) In addition to the remedies hereinbefore provided the Department may apply to the appropriate court for a temporary or permanent injunction restraining any person from violation of any provision of this section irrespective of whether or not there exists an adequate remedy at law.

(o) The State Board of Health and Mental Hygiene shall promulgate such regulations as necessary to efficiently enforce the provisions of this section, and shall, insofar as practicable, make them conform with those promulgated under the Federal Drug Act.

(p) If any provision of this section is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of the section and the applicability thereof to other persons and circumstances shall not be affected thereby and to this end the provisions of this section are declared severable.

(q) ALL LAWS OR PARTS OF LAWS, PUBLIC GENERAL OR PUBLIC LO-

CAL, INCONSISTENT WITH THE PROVISIONS OF THIS ACT ARE HEREBY REPEALED TO THE EXTENT OF ANY SUCH INCONSISTENCY.

SEC. 2. And be it further enacted, That this Act shall take effect July 1, 1968.

—O—

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B.M.P.A. President's Message

At this writing, Pharmacy is still awaiting some definitive action by the Governor regarding the re-instatement of the Medicaid fee for prescriptions.

We have patiently waited for some sign that "Justice Will Out." We have followed the **responsible** course of action by petitioning the authorities with the facts of our case. I am sure that a decision will be reached in the next few weeks, justifying our patience.

Complicating the Medicaid problem in the State, has been the failure of the State to meet its obligations to vendors by the prompt payment of bills. There are many reasons given for this inability to process the prescriptions within a reasonable time. It is intolerable that this condition exists in the third year of a program—"Numbers game"—"Late notification of changes in the program," etc.—None of these justify the burden that has been placed upon the pharmacists because of the failure of the State to administer its own program.

The time has come to radically change the processing of these prescriptions. The State must pay each invoice upon presentation, charging back to the vendor any real error, (Most errors are communication problems).—The computer does not know whether or not a given patient is eligible. The possession of a valid card is reason enough for the pharmacist to be paid. There can be no other consideration.

The first Continuing Education Program to be offered in Maryland has just been announced. This program, co-sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, merits your interest and your attendance. We have long asked for such a program—to keep us abreast of new developments. I am looking forward to your support of this most interesting program.

With the coming of Fall, and the resumption of the Association year, attention must be paid to another numbers game—the game of membership. Changes in the B.M.P.A. constitution, making all pharmacists eligible for Active Membership is long past due, and I am sure will be overwhelmingly approved. When this is taken care of, it is of utmost importance that we all lend a hand in winning this number

game. Our Association, in order to be most effective, must speak from a position of strength. There is no better proof of strength than members.

Much has been written about the terrible waste of man-hours in collecting dues. As professionals, who understand business practices, it is inconceivable to me why so many men do not pay dues until personally solicited. I am sure that if we stop to reflect on this staggering waste, all dues would be sent in at the first billing. Each hour spent on collecting of dues is an **hour not spent** representing your interests and pursuing the goals of our Association. So when dues bills reach you, do your self a big favor and write that check at once! —and see that each and everyone of your colleagues does the same. You can afford to do no less for your Association.

DONALD O. FEDDER

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Volume 26

AUGUST, 1968

No. 11

T.A.M.P.A. News

An interesting few hours was spent recently by your reporter looking through past issues of the *Maryland Pharmacist* regarding T.A.M.P.A. activities.

The T.A.M.P.A. TATTLER first appeared in its present format beginning with the September 1942 issue of the *Maryland Pharmacist*. The TATTLER was listed as Vol. 2, No. 7. Charles Armstrong was editor and James H. Fagan, president of T.A.M.P.A.

A T.A.M.P.A.'s first election and installation of the office of Honorary President was during the 1942 Convention. Walter Pierce was named to hold the office.

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RESEARCH INSTITUTE OF AMERICA SALESMEN SURVEY

Salesmen of wholesale products spend far more time on service calls (one hour, 16 minutes) than salesmen in general (26 minutes), according to a recent survey made by the Research Institute of America.

The salesman puts in, on the average, 9 hours and 42 minutes a day, and a few of his activities break down as follows: Travel, 3 hours, 3 minutes; sales calls, 2 hours, 18 minutes; paper work, 1 hour, 2 minutes; phone 42 minutes; waiting, 25 minutes and prospecting 19 minutes.

—O—

SERIOUS BONE INFECTIONS YIELD TO ANTIBIOTICS

Lincosmycin (Lincocin-Upjohn) a relatively new antibiotic has been used with much effectiveness (93.4%) in the treatment of osteomyelitis, a serious bone infection, Dr. Wallace E. Herrell, editor-in-chief of *Clinical Medicine* in evaluating the drug in the May 1968 issue.

Lincocin, Dr. Herrell noted in his evaluation, reduces difficulties that have existed since earlier antibiotics replaced surgery as the primary treatment for osteomyelitic patients.

—O—



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L.A.M.P.A. President's Message



MRS. HARRY L. SCHRADER, R.N.

Your presence at the 86th Annual Meeting of the Maryland Pharmaceutical Association united socially and professionally the ladies of the families of those interested in pharmacy. I want to congratulate each member for the great auxiliary you represent.

Conventions are usually the time for elections and reminiscing—for looking backward. If I may, I would ask you to look ahead because, as auxiliary members of Pharmacy, it is our responsibility and obligation to the profession that we prepare and operate efficiently and effectively in the world as it will be—rather than to prepare solely for the world as it has been or as it now exists.

I'm going to ask you to look ahead at the role we will play in the future of the pharmacist. Understanding the past functions, of course, helps understand

what might be in store and what might come in the future.

I would like to encourage the auxiliary members to develop activities which would influence the practice of Pharmacy. Discuss our viewpoints and develop a position for the Association as a whole. Present our views to the various delegates and senators. Nothing must be done to hurt the practicing and tax-paying neighborhood pharmacist. Every effort must be made to support the high ideals and traditions to help achieve the goals of professional Pharmacy.

Pharmacy Calendar

Thursdays—Oct. 3-10-24-31 & Nov. 7—

Continuing Education Lectures sponsored by the University of Maryland School of Pharmacy and the MPhA at the School of Pharmacy, Baltimore 8 P.M.

Sunday, Oct. 6-10—National Association of Retail Druggists Convention, Boston

Sunday, Oct. 6-12—National Pharmacy Week

Thursday, Oct. 17—MPhA Fall Regional Meeting, Holiday Inn, Frederick

Saturday, Oct. 19—Prince Georges-Montgomery County Pharmaceutical Association, Scholarship Night, Sheraton Motor Inn, Silver Spring

Sunday, Oct. 20-26—National Community Health Week

Thursday, November 7 — T.A.M.P.A. Ladies Night, Oregon Ridge Theatre, Dinner and Theatre Party.

Sunday, Jan. 26, 1969—B.M.P.A. Banquet and Installation of Officers, Emerald Gardens, Baltimore.

L.A.M.P.A. News

By ANN CRANE 426-6868

Come on out and cast your ballot for your favorite Presidential candidate at a mock Presidential election to be held during L.A.M.P.A.'s meeting at the fall Regional Meeting of the Maryland Pharmaceutical Association Thursday, October 17, 1968 at the Holiday Inn, Frederick. Everyone will have an opportunity to cast a ballot. We shall see how accurate we are in predicting presidential elections. Maybe, as L.A.M.P.A. goes, so goes the nation!

'The House Shall Choose'

Another feature will have Theodore G. Venetoulis, author of "The House Shall Choose," tell about his book which deals with the two occasions when the House of Representatives actually elected the President of the United States. Mr. Venetoulis will meet with L.A.M.P.A. and their guests at 12 noon.

Twice in our history, no candidate received a majority of electoral votes, and the decision was made by the House of Representatives. This actually violated the separation of executive, legislative and judicial powers guaranteed by the Constitution of the United States.

Now Director of Community Services of Essex Community College, Mr. Venetoulis was working for the late President John F. Kennedy when the idea of the book came to him in 1963. He felt that if, in the 1964 campaign, the South introduced its own candidate, the vote would be so split that it could throw the election into the House of Representatives. The same situation applies in this—the 1968 campaign. A question and answer period will follow his talk.

L.A.M.P.A. will give two autographed copies of 'The House Shall Choose' as door prizes. Should you want to purchase an autographed copy for your library, or as a gift, they will be available at \$5.95 plus tax.

We are most anxious for a good attendance at this "Meet the Author" presentation and are extending an invitation to all our men folk to come along too.

Boehm Bird Color Film

As previously announced, there will also be a showing of a sound color film on how Edward Marshall Boehm makes his birds. It describes the process by which hardpaste porcelain evolves into a prized Boehm masterpiece. Some of our members own early Boehm pieces which are now collectors items. We hope that they will attend and that you too will attend and enjoy the creative genius of this native son of Maryland.

Our door prizes will include donations from the Calvert Drug Company and home made and hand made gifts from L.A.M.P.A.'s talented ladies.

— o —

Pharmacy Week *

By ROBERT L. SWAIN

... This occasion should receive the most serious attention of all persons interested in the professional aspects of pharmacy, as it affords an opportunity for a constructive, educational campaign, national in scope, that will emphasize in a most graphic manner the scientific and professional sides of our calling . . . every thought and effort must be expanded to make *Pharmacy Week* a great force in developing the professional and scientific aspects of pharmacy and in focusing public attention upon these phases of our vocation so that it may receive the whole measure of respect to which it is rightfully entitled.

* Excerpted from Editorial Maryland Pharmacist
Volume 1 Number 1 October 1925.

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1968 MPA Convention Contributors

The firms and others listed below have contributed cash and merchandise to the 86th Annual Convention of the Maryland Pharmaceutical Association held at the Shelburne Hotel, Atlantic City, New Jersey, July 8-11, 1968. The cash contributions were used to provide the entertainment features of the Convention and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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— o —

The Artificial Heart Program

The National Heart Institute of the National Institutes of Health, Artificial Heart Program has awarded 51 new research contracts and extended 48 others for studies basic to the development of devices and techniques for providing circulatory assistance to damaged or failing hearts.

A completely implantable, permanent heart replacement is a long term goal of this program. However, present efforts are centered on the development of a family of devices to assist, rather than replace the hearts of patients with acute or chronic heart failure resulting from heart attacks or other conditions.

Three types of devices are needed: *Emergency-assist*, *Temporary-assist* and *Permanent-assist*.

Emergency-assist devices and temporary-assist devices are already well along in their development. Although none is ideal, several of both types have shown considerable promise in limited clinical trials. The problems posed by permanent-assist devices are more formidable and are largely unsolved at present. However, the solution of these problems will also open most of the doors that presently bar the way to the ultimate goal of the NIH program: A TOTAL HEART REPLACEMENT FOR HEARTS DAMAGED BEYOND SALVAGE.

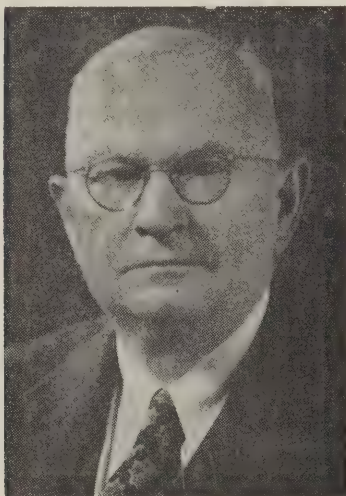
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Maryland Pharmacist Founded 1925

The forty third Annual Convention of the Maryland Pharmaceutical Association held at Buena Vista Springs, Pa. during the week of June 22, 1925 provided for the adoption of a resolution establishing of the *Maryland Pharmacist*, and the setting aside of a sufficient appropriation for the adequate furtherance of the publication.

By Laws were changed to permit an additional standing committee to be known as the Publication Committee, and an additional officer of the Association, to be known as the Editor.

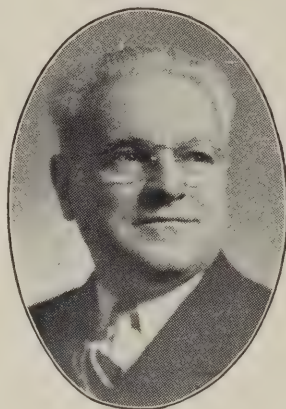


Robert L. Swain Named Editor

Robert L. Swain was named editor, with the first issue, Volume 1, Number 1, appearing in October 1925.

Herman E. Appel of D. Stuart Webb Company has supervised the printing of the *Maryland Pharmacist* since its beginning.

Melville Strasburger 1879-1967



Let us pause for a moment to honor the memory of Melville Strasburger, secretary emeritus of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. Mr. Strasburger died about a year ago in Baltimore on June 7, 1967. He was 87 years of age.

Named Honorary President MPhA

The MPhA named him honorary president in 1965. He was born on December 9, 1879 in Westminster, Maryland, and his early days were spent in Fredericksburg and Bowling Green, Virginia.

He was graduated from Fredericksburg College and received his degree in Pharmacy from the Maryland College of Pharmacy (now the School of Pharmacy of the University of Maryland) in 1900.

He held memberships in many organizations, among them the American Pharmaceutical Association, the National Association of Retail Druggists, a leading figure in the Wedgwood Club, a Secretary of the Baltimore Retail Druggists Association (now BMPA) and a well known leader of the Maryland Pharmaceutical Association, whose sec-

retaryship he took over in 1942. He served as Executive Secretary and Editor of the Maryland Pharmacist until 1952. In addition Mr. Strasburger was active in the Baltimore Veteran Drug-gists Association.

First Full Time Secretary

In looking through past issues of the *Maryland Pharmacist*—the Proceedings Issue of the Sixtieth Annual Meeting of the Maryland Pharmaceutical Association held at the Lord Baltimore Hotel, Baltimore, Maryland, June 23, 24 and 25, 1942 indicated that, on January 1, 1942, the office of a full time secretary and editor became a reality. The office of a full time secretary was established at 10 West Chase Street, Baltimore.

Strasburger's Aims Continue Today

... "However it will be the aim of the office of your secretary, in so far as possible, to keep you advised of all the

demands which our government is placing you", Mr. Strasburger told the 1942 Convention in his report as executive secretary.

"This office is your office and you should make yourself a part of it. Your secretary wishes your constructive criticism. In this way the creation of this office will be better able to serve you in the manner you would desire," Mr. Strasburger said in concluding his report.

Retirement Activities

Follow his retirement in 1952, he continued to participate in the Association activities. Although he referred himself as "retired" none of his colleagues and friends in pharmacy would agree, saying that he seemed as active as ever, contributing his vast knowledge and experience to the profession of pharmacy in myriad ways.



R. L. SWAIN, JR.

WORTH AIMING AT

Prince Georges-Montgomery County Pharmaceutical Association

Harold M. Goldfeder and Richard D. Parker have been designated as delegates to the National Association of Retail Druggists Convention to be held in Boston, the week of October 6, 1968, Ervin M. Koch, president of the Prince Georges-Montgomery County Pharmaceutical Association has announced.

September Meeting

The first general membership meeting of the season was held on Tuesday, September 17, 1968 at the Coca-Cola Auditorium, Beltway 495, Exit 25, Hillendale, Md. The program featured a discussion and question and answer period regarding the Maryland Blue Cross Plan in effect September 1st.

The Maryland Blue Cross Prescription Programs pays pharmacies for the prescriptions dispensed to eligible Blue Cross members. The program recognizes the direct professional role in pharmaceutical services within the total health care system of Maryland.

Participation in the program is open to all Maryland pharmacies licensed by the Maryland Board of Pharmacy, there is no charge for joining the program.

Pharmacist to Pharmacist Campaign

Samuel Morris, chairman of the Public Relations Committee and Secretary Paul Reznek undertook a person to person-pharmacist campaign for future meetings and events. There are some 180 pharmacies in the area and they are being telephoned, the program outlined, an invitation to attend the meeting extended and an announcement of the forthcoming Continuing Education Lectures sponsored by the Maryland Pharmaceutical Association and the University of Maryland, School of Pharmacy announced.

Scholarship Night

This annual event will be held on Saturday evening, October 19, 1968, program chairman Martin Hauer has an-

nounced. This year it will be held at the Sheraton Motor Inn, in the heart of Silver Spring, Maryland.

Dr. William J. Kinnard, Jr. the new Dean of the University of Maryland, School of Pharmacy will be the guest of honor. The membership of the Association will extend a warm welcome to Dean Kinnard.

Information Center

The Association's telephone INFORMATION CENTER has been temporarily discontinued. The Association will recommend that it be taken over and operated by the Pharmacy Council of Greater Washington.

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TRAVELERS' AUXILIARY

The October business session of the Travelers' Auxiliary will be held at the Howard Johnson Motor Lodge, Wheaton, Maryland on Thursday, October 10, 1968. Cocktails 6:30 P.M. with dinner being served at 7:30 P.M. Election of officers will take place. Installation dinner dance will take place on Saturday evening, November 16, 1968 at the Charter House Motel, Shirley Highway and Edsall Road, Alexandria, Virginia.

— o —

Eastern Shore Pharmaceutical Society

Charles Bennett of Salisbury, newly elected President of the Eastern Shore Pharmaceutical Society presided at the Society's September meeting held at the Robert Morris Inn, Oxford, Maryland, Sunday September 29, 1968.

Other newly elected officers to be introduced at the meeting include James W. Truitt of Federalsburg, first vice president; Basil Johns of Marion, second vice president; Philip D. Lindeman of Salisbury, secretary; Thomas Payne of Easton, treasurer; Donald B. Young of St. Michaels, honorary president and W. "Happy" Parker of Salisbury, chaplain.

Photograph by Harold M. Lambert



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ALPHA ZETA OMEGA

This month, the editorial written by Paul Reznick as Editor of the 1968 AZOAN, official convention publication of the fraternity will take the place of the usual report:

The Editor's Viewpoint

"Pharmacy is moving ahead. Let us move together to be leaders, not followers, within the framework of our profession." So declares Dr. William J. Kinnard, Jr., the newly installed Dean of the University of Maryland School of Pharmacy in his greetings to the Fraternity published on page 25 of the AZOAN.

This statement epitomizes the activity and purpose of the Fraternity.

A.Z.O. Contributions

The 48th annual convention of the Alpha Zeta Omega Pharmaceutical Fraternity is being celebrated in your Nation's Capital this year. Upon reviewing the activities of the Fraternity since it was founded, one comes to the conclusion that it has gone a long way. The contributions made by A.Z.O. and its members to Pharmacy and the communities its members serve are too long to enumerate here.

Pharmacists Are People

Pharmacists are people first, pharmacists second. They must participate in community life, be aware of the responsibilities of carrying on the profession. Collaboration with the many disciples of health care is essential in that we are now in a community science area environment. The patient must have a relationship with a team of physicians, dentists, pharmacists, social workers and other health care agencies. The community has to be considered as well as the patient.

Self regulation is essential, otherwise we will be controlled by others. There's a knack of seeing things as they are

and seeing things to be done. Self regulation is the hallmark of the profession. Innovation is the life line of pharmacy. There must be a willingness to adapt ourselves to changes, the customary way of doing things must be carefully examined and if a time for change exists, do so willingly, before we are forced to by external pressures.

Re-dedicate Ourselves

Let us re-dedicate ourselves to Pharmacy, remembering that we are a necessary and invaluable ally in the health care of the nation.

— o —

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Sources of Drug Information

DAVID A. BLAKE, Ph.D.

Assistant Professor of Pharmacology

School of Pharmacy, University of Maryland

There seems to be an increasing demand for advice on sources of pharmacologic information for pharmacists. In the past, the pharmacist could rely on the manufacturer's descriptive literature for the packaging information he usually needed. However, today we are on the threshold of a new era in the scope of pharmaceutical services. The modern pharmacist is expected to have information on all drugs readily available including mode of action, clinical efficacy, adverse reactions and potential interactions with other drugs. Previously, a current edition of a good pharmacology text-book could provide most of the scientifically accepted facts about drugs. However, that was before the institution of rapid reporting systems on clinical drug experiences. Today, in most cases, by the time a new drug has been sufficiently evaluated to be worthy of textbook inclusion, it will have been available for clinical use for at least three to five years. For this reason, the informed pharmacist should regularly scan a variety of publications available on recent clinical drug experiences and prepare a file of this material for ready retrieval.

The question arises as to where one can find assistance in selecting appropriate publications. The following list is composed of publications the author has found to be valuable in keeping abreast of clinical drug experiences and the changing attitudes of clinical pharmacologists and physicians.

- 1) **The Medical Letter** (on drugs and therapeutics) Published fortnightly by Drug and Therapeutic Information, a non-profit corporation, 305 E. 45th Street, New York, New York, 10017. Subscription fee \$14.50 per year; discount for longer subscriptions.

This controversial publication, now in its ninth year, presents a summary of the views of its selected consultants on various drugs and pharmacotherapeutic problems. The attitudes of these physicians often seems hypercritical and as one student expressed "... they don't seem to like any drugs." However, since the manufacturer's package insert is usually overly optimistic, **The Medical Letter** helps to arrive at the proper balance of opinion. This publication is highly regarded by many educators and clinicians and the honesty of the editorial board is a refreshing diversion.

- 2) **Clin-Alert**

Published biweekly by Science Editors, Inc., Commonwealth Building, P.O. Box 1174, Louisville, Kentucky 40202. Subscription rate is \$20.00 per year; discount on longer subscriptions.

This unique bulletin presents abstracts of clinical research publications on untoward effects of drugs. Through a handy cross-reference system and index, the reader is able to gain additional perspective about the particular drug. The language is clear and concise and the abstracts included are relatively recent, usually not more than two months old.

- 3) **PharmIndex**

Published twice monthly by Skyline Publishers, Inc., P.O. Box 1029, Portland, Oregon 97207. The new subscription rate is \$24.00 per year which includes a handy binder. Renewal is \$20.00 per year.

Essential prescribing information on new Rx and OTC products and changed products can be kept current with **PharmIndex**. Utilizing the monthly and annual cumulative in-

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What is a fair return on my investment? What about inventory control? How can I promote the Rx department? How can I compete effectively with the high volume, low margin store?

These and other related subjects are discussed by the Pharmacy Management Panels sponsored by Lederle Laboratories. These panels have been held 33 times in 29 different states since 1962 usually in conjunction with a major pharmaceutical association meeting.

Among those who have served on the Lederle panels are H. W. Adkins, Vice-President, Yahr-Lange, Inc., Milwaukee, Wisconsin; George L. Scharringhausen, Jr., Scharringhausen Pharmacy, Park Ridge, Illinois; Dr. Paul C. Olsen, Professor of Pharmacy Administration at Brooklyn College of Pharmacy; Dr. Jean K. Weston, Vice-President Medical Relations, National Pharmaceutical Council, Washington, D.C.; Drew E. Haskins, Jr., Drew's Drugs, Fort Oglethorpe, Georgia; Robert J. Gillespie, Gillespie's Drugstore, St. Joseph, Michigan and Mike Harris, Executive Secretary, The Pharmaceutical Institute, Sacramento, California.

We at Lederle realize that the pharmacist is a vital factor in the success of the pharmaceutical industry. That is why we provide expert management counsel to pharmacy owners through Pharmacy Management Panels. By this means we hope to strengthen an essential link between the manufacturer and the ultimate consumer.

If you would like to have a transcript of one of the seminars, address your request to Maxwell James, Lederle Laboratories, A Division of American Cyanamid Company, Pearl River, New York 10965.



dexes it is possible to rapidly retrieve this information when needed. The monthly review articles are helpful although quite often they are in error in an attempt at simplification.

- 4) **Clinical Pharmacology and Therapeutics.** This journal is published by the C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Missouri 63103, at an annual subscription rate of \$19.00.

Edited by Walter Modell, M.D., the outspoken pharmacology writer and educator, **Clinical Pharmacology and Therapeutics** is an official publication of the American Society for Pharmacology and Experimental Therapeutics. A significant number of the outstanding clinical research projects carried out in this country are reported in this journal. Although somewhat advanced, many of the results reported have direct implications in rational drug therapy. The regular section on "Diseases of Medical Progress" is particularly useful for those interested in the complications of drug therapy.

- 5) **Facts and Comparisons**

Sold by Facts and Comparisons, Inc., 333 Chambers Road, St. Louis, Missouri 63137, at a cost of \$10.00 per year.

A subscription to **Facts and Comparisons** enables one to quickly determine similar products, manufacturer, ingredients and a price comparison for all of the popular drugs. Side effects and precautions are briefly listed in a language that reveals the pharmacy background of the editors. A monthly supplement in the form of replacement pages keeps this handy binder current.

- 6) **FDA Clinical Experience Abstracts**

Published twice monthly by the Department of Health, Education and Welfare, Food and Drug Administration, Bureau of Medicine, Medical Literature Service, Washington, D.C. 20204. It is sent **free** to hospitals,

physicians, pharmacists and others concerned with the safe use of drugs.

The abstracts in this journal are printed on perforated pages that can be torn into 3"x5" index cards for easy filing. Although the articles abstracted are broad in scope, the language is scientific shorthand and difficult to read. A thick file of these abstracts is extremely helpful in preparing a current synopsis of opinion on drug efficacy and proper dosing schedules.

- 7) **FDA Reports of Suspected Adverse Reactions to Drugs and Therapeutic Services.** Prepared by the Drug Epidemiology Branch of the Office of Drug Surveillance, Bureau of Medicine of the Food and Drug Administration.

This "early warning system" of perforated pages to be torn into 3"x5" cards, is available without charge to professional medical personnel. A standardized format allows quick retrieval of these reports on adverse drug reactions.

- 8) **J. American Medical Association Reprints**

By requesting inclusion on the mailing list of the AMA's Council on Drugs, a regular supply of reprints dealing with clinical drug experiences can be obtained. Reprint requests are obtained from Secretary, Council on Drugs, American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.

- 9) **Professional Pharmaceutical Journals**

Most of the more familiar pharmaceutical journals are currently including therapeutic information and drug recall bulletins. Recommended journals include: Journal of the American Pharmaceutical Association; Journal of the American Hospital Society and the American Professional Pharmacist.



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In order for a pharmacist to serve as a consultant to physicians on rational drug therapy, it is imperative that he maintain a current professional library and file system in his pharmacy. However, it is equally important that he become more than a transmitter of published reports. The pharmacist must be able to interpret what he reads in the light of his other knowledge. This necessitates a continuing participation in postgraduate educational programs. His conclusions and advice should be based on his sound judgment as an informed health professional.

— o —

F.D.A. Drug Registry Directory

A drug registry system utilizing numbers to identify all pharmaceutical products is being established by the Food and Drug Administration. The registry will facilitate handling of drug information by using a computer system in the FDA's Washington Laboratory building.

Prototype Directory

A prototype edition of the National Drug Code Directory was issued by

FDA on April 5, 1968. Some 4,000 prescription and over the counter drugs together with product identification numbers are listed in the directory. Products are described by trade name, manufacturer, labeler, dosage form, dosage strength and identification number.

The FDA notes that the purpose of the Directory is to establish a system of unique product numbers for all drugs on the domestic market.

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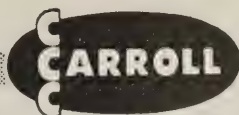
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OBITUARIES

SOLOMON WEINER

Solomon Weiner, past president of the Maryland Pharmaceutical Association (1964-65) died on July 27, 1968 after a long illness. He was 63 years old.

Mr. Weiner operated Weiner's Pharmacy at Reisterstown Road and Rogers Avenue from 1934 until 1963 when he retired and a son Philip P. assumed its operation. Later he was associated with the Loewy Drug Company of Baltimore.

Achievements

During his term of office, the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association's executive committees agreed to a joint dues billing. The payment of both dues at one time was to be optional. The action was taken to make better use of the facilities of the office of the Secretary, since both Associations had the same secretary, same office personnel and equipment. The MPhA action also authorized a joint billing arrangement with other local groups if they so desired.

The 1964 Convention presided over by Mr. Weiner heard Willard B. Simmons, Executive Secretary the NARD and William S. Apple, Executive Director of the APhA address the convention. Also during his term of office the Professional Credit Protective Bureau Services were endorsed.

Born in East Baltimore, Mr. Weiner was a 1922 graduate of City College, graduating in 1924 from the University of Maryland, School of Pharmacy.

Mr. Weiner held memberships in the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, The American Pharmaceutical Association, The National Association of Retail Druggists, Alumni Asso-

ciation of the School of Pharmacy and many civic and fraternal organizations.

Surviving are his wife, the former Rose Schumer, sons Philip and David A., two brothers, Paul and Charles Weiner; two sisters Mrs. Rose Burgan and Mrs. Millie Levin and four grandchildren.

ROBERT ADRIAN PILSON

Robert Adrian Pilson, member of the Maryland Pharmaceutical Association since his graduation from the University of Maryland, School of Pharmacy in 1929 passed away on July 28, 1968.

Mr. Pilson, 67, retired two years ago after forty years as owner of Pilson's Pharmacy, now known as the New Windsor Pharmacy in New Windsor, Maryland.

RICHARD QUINTUS RICHARDS

Pharmacist Richard Quintus Richards, executive Secretary Emeritus of the Florida Pharmaceutical Association passed away on August 5, 1968 in Ft. Myers, Florida. Mr. Richards served as secretary-manager of the Florida Pharmaceutical Association for the past 28 years before retiring on June 1, 1968.

Mr. Richards was elected to the Florida Board of Pharmacy in 1938 until 1950; eleven years as Secretary. He served as a member of the U.S.P. Revision Committee in 1940 and 1950 and was President of the National Association of Boards of Pharmacy in 1946 and 1947.

Other National honors included President of the American Pharmaceutical Association in 1952 and Chairman of the House of Delegates in 1953.

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man. From this work, according to Dr. George Gerritsen, "We hope to learn how diabetes develops—what causes one animal to develop it while another doesn't. We hope to find something different which we can use to predict, before any symptoms appear, which one will become diabetic. Obviously, this will take many

years of hard work. We may never succeed, but it's our goal." Dedication is one of the constant, priceless ingredients in all Upjohn research for new and better pharmaceuticals.

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GEORGE P. LARRICK

George P. Larrick, Commissioner of the Food and Drug Administration from 1954 to 1965, died August 11, 1968 at George Washington University Hospital in Washington, D.C. He was 66 years old and lived in Arlington, Va.

A career administrator with the FDA, Mr. Larrick appeared before the Maryland Pharmaceutical Association on a number of occasions. Mr. Larrick became Chief Inspector for Foods and Drugs in 1930, advancing in rank until assuming the Commissionership in 1954.

One of the agency's most widely publicized decisions during his tenure was its refusal to permit the sale of Thalidomide in the United States.

He was a board member of the Food Law Institute, an honorary member of the APhA, and a member of the Society of Chemists and other professional and civic organizations.

DR. CLARENCE E. COLLINS

Dr. Eugene Collins, pharmacist, dentist, physician, teacher, author and philanthropist died at the age of 98 on August 12, 1968 at Crisfield, Maryland.

Becomes Pharmacist and Dentist

In 1894 he passed the Maryland State Board of Pharmacy, afterwards taking over Dr. C. C. Ward's drug store in Crisfield. He began studying dentistry

and in 1897 was graduated from the University of Maryland Dental School.

After practicing dentistry for over a year he accepted a position as chief anesthesiologist at the Dental School.

Medical Career

At the University, he furthered his medical career through research and courses, and in 1902 earned an M.D. degree.

He helped found Crisfield's first hospital, its Chamber of Commerce and the local Boy Scouts.

At one time he was a United States Health Officer.

Retiring from the profession in 1949, Dr. Collins turned to the field of history, writing two books published in the late 50's.

G. ERNEST WOLF

G. Ernest Wolf, long time MPhA and BMPA pharmacist member passed away on August 29, 1968 after a long illness.

Mr. Wolf owned and operated the Overlea Pharmacy, 6901 Belair Road. He carried on the family tradition about thirty years ago, retiring in 1959.

Born in Baltimore, he received his pharmaceutical education from the University of Maryland. One of his hobbies was coin collecting.

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“CLOSING THE GENERATION GAP”

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“BLUE CROSS PRESCRIPTION PROGRAM”

Page 712

“PRECEPTORSHIP—A NEEDED NEW LOOK”

Dr. Ralph F. Shangraw

Page 716

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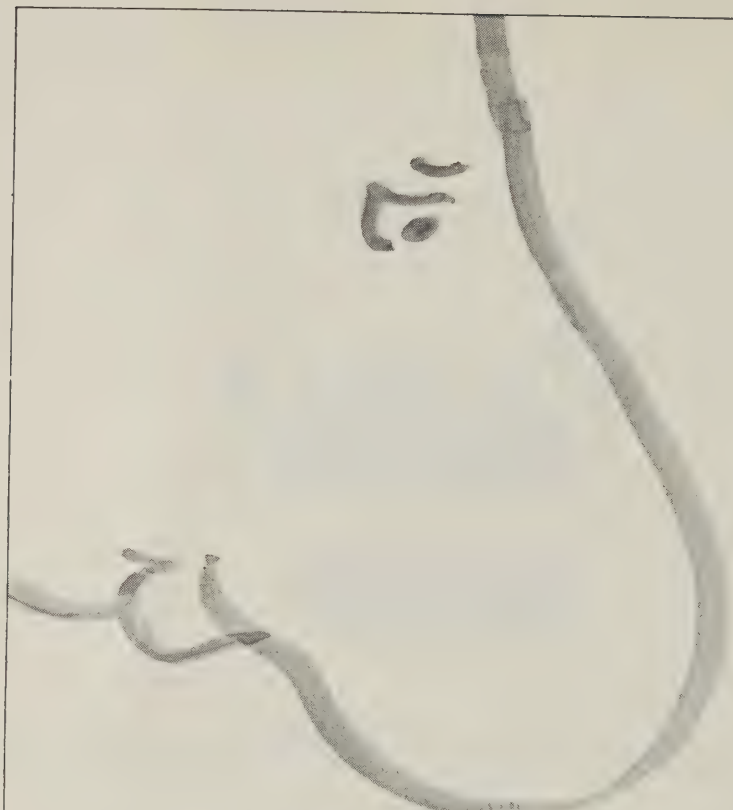


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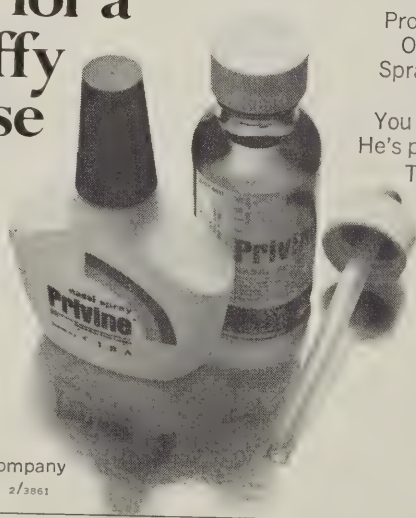
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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

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Volume XLIII

SEPTEMBER, 1968

No. 12

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The views expressed in *The Maryland Pharmacist* signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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Editorial

Closing The Generation Gap

Common to most pharmaceutical associations—local, state and national—is the allocation of high priority and tremendous effort to increase the membership rolls.

Association leaders and staff personnel devote considerable time and energy at great expense to enrolling and re-enrolling members.

All of us, of course, realize that members are the life blood of a group. We, therefore, recognize the absolute necessity of achieving the highest possible membership enrollment out of the total potential. Numbers mean strength in every way—in effectiveness of programs, in required action, in influence, in finances. The success of a group is based upon the foundation of being representative of its constituents and they in turn providing the funding required to carry out the objectives of the group.

In historical perspective, knowing that most pharmaceutical societies were largely established or supported by proprietors of pharmacies, it is easy to understand why the major membership solicitation efforts were directed to the proprietors. However, for years, membership has been open to all pharmacists in every area of practice and in every age group. Increasing attention in recent years has been given to enrolling the employee pharmacist, the hospital pharmacist and those in academic, distributive, manufacturing, enforcement and administrative areas. MPhA has sought, not only their membership, but their active participation.

Today we must concentrate our efforts to involving the younger pharmacists in particular. We must personally contact every pharmacist with special emphasis upon the most recent graduates.

The reaction of the younger generation in every aspect of society indicates the fruits of ignoring the young. Pharmacy, too, suffers from an absence of sufficient young voices in its deliberations and activities.

Our efforts must be directed to closing the generation gap in pharmacy ranks. Some steps have already been taken in this direction.

- Young men can now be found on the Executive Committee
- Young community and hospital pharmacists have been appointed to committees and as chairmen. One was elected an MPhA Vice President
- Young employee pharmacists are invited to attend Executive Committee meetings and participate in committees
- A representative of the student body of the University of Maryland School of Pharmacy has been invited to attend Executive Committee Meetings
- The Senior Class of the School of Pharmacy was invited to attend the Fall Regional Meeting as guests of the Executive Committee

The future of the profession in Maryland and the future of MPhA are inseparable and they are based upon our ability to integrate all pharmacists into the body pharmaceutical.

In order to assure a bright future for pharmacy, we must take immediate, vigorous steps to attract the younger pharmacists, to grant them a voice in MPhA deliberations and allocate a share of decision-making to them.

When you are approached by the Membership Committee to make some personal contacts in your own area, we trust you will be willing to devote at least a few hours.

The future rests upon our youthful sector whose decisions to professionally oriented pharmacists willing to contribute to the progress of their profession are dependent upon your commitment to the profession.

Let's go forward in Pharmacy! With general membership support, we can close the generation gap.

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President's Message

My Fellow Pharmacists:

Our programs for the ensuing year are developing at a fast pace and should be fruitful for all who participate.

The Continuing Education Program sponsored jointly by the Maryland Pharmaceutical Association and the School of Pharmacy will fill a great void. We hope that the program will develop to the stage that it can be taken to all corners of the State.

In the future, a pharmacist who is not a member of the Executive Committee will be invited to sit in on the meetings of the Executive Committee. In this way we hope to spread the message that the affairs of the Association are in good hands.

Our policy of continuing pressure on the State Government for a restoration of a proper fee for Medicaid has seemingly developed into a full fledged program.

By the time of the Fall Regional Meeting there will undoubtedly be additional information as to how we stand with the State on Medicaid. I am sure the general membership expects affirmative action from the MPhA and that all will endorse and support what the members present recommend.

We owe thanks to the American College of Apothecaries for their resolution of support and their offer of help.

Again let me urge you to canvass your friends and acquaintances for membership in MPhA. Our strength is in members, with them we can accomplish much.

SAMUEL WERTHEIMER
President

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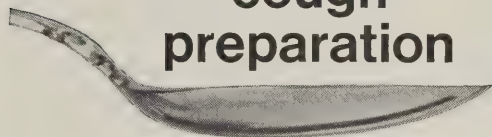
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Secretary's Script ...

A Message from the Executive Secretary

Medicaid Program

Your Maryland Pharmaceutical Association representatives have continued their efforts to obtain correction of the State Pharmacy Services policies on Medicaid. We have had additional conferences with the Governor's aides and with State Health Department staff.

While our first concern has been the reversal of the Governor's action for the current year, we must also work far ahead for the following year. Our work in this area has been directed at two prime objectives:

1. Initiating action for approval of fair, realistic compensation for pharmacy services for fiscal 1970 (July 1, 1969-June 30, 1970). MPhA has presented its position before the Pharmacy Services Committee and its parent body the Maryland Medical Assistance Advisory Committee. Our position is that the Medicaid prescription fee must, in accord with federal guidelines, be in line with the average level of usual and customary charges and with other third-party payment plans in this State. In Maryland, the average fee for dispensing privately paid for prescriptions is \$1.91. The Blue Cross fee is \$1.85 and the CHAMPUS (Military) fee is \$1.75. A small union plan based on a different acquisition cost has a fee which when adjusted is in the same range. In addition, an independent survey on behalf of N.A.R.D. indicates a "cost-of-filling a prescription" figure of \$1.71 for the Mid Atlantic Area.

The Pharmacy Services Committee and the State Medical Assist-

ance Advisory Committee recommended a \$1.75 for fiscal 1970. This matter now rests upon approval by the Board of Health of a budget incorporating this fee. If the State Budget Department and the Governor approve, then the outcome will rest with the Legislature which must appropriate the funds.

Here again is where the support of MPhA by every pharmacist and those in the allied industries come in. This sounds repetitious, but there is no substitute for a strong unified front when it comes to action and getting the results we all want.

2. The restoration in the current year (1968-1969) of the pharmacy services reimbursement to the 1967-68 level.

We had been requested to wait until the latter part of this year so that the fiscal figures and utilization rate for drugs would be available to indicate if the pharmacy fee could be restored. At our insistence, the date was moved up to mid-October, at that time, we are to be advised as to the State's decision.

Both federal and State officials have told us that only the onset of a "crisis" in pharmacy services is likely to bring action.

MPhA will notify you immediately as to the results and of the action taken at the General Meeting of the MPhA at the Fall Regional Meeting. The effectiveness of the action will depend upon the support and cooperation of every pharmacist participating in the Medicaid Program. You can be sure that no action will be taken that will hurt any patient. Certainly no pharmacist will want to prevent the needy from obtaining medication to which they are en-

titled. With the cooperation of the medical profession, full health care, including drugs, will be made available to all.

Sincerely,

Nathan St. Grey
Executive Secretary

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Samuel L. Fox, M.D.*

Criteria for Heart Transplants

In an effort to crystallize world medical opinion on heart transplants, a three-day symposium was held in Cape Town, South Africa recently. **Medical Tribune** covered this meeting with a physician-correspondent, and reports that "the highlight of the symposium was the wide area of agreement expressed by the participants on most of the seven main topics under discussion." The meeting was well-attended, and every major hospital where heart transplants are under study was represented. It is truly amazing that unanimity of opinion was expressed by the experts from all lands.

"On the type of recipient who should receive a new heart the panelists indicated general agreement on these criteria:

1. Patients suffering from the end stage of coronary artery disease, in whom every medical treatment has failed.

2. Certain congenital heart cases in which no surgery is at present feasible.

3. Those with multivalvular heart disease, in which it may be more risky to transplant, say, three prosthetic valves than to replace the heart.

4. Rare cases of gross tumor of the heart, in which the tumor is primary."

One can see by these indications that the number of cases that might be considered suitable for heart transplant surgery is certainly very limited. In addition, even in these cases, there are some very grave contra-indications, thus further limiting the number of cases who might be suitable. Among these contra-indications to heart transplant surgery are: irreversible pulmonary hypertension, the presence of chronic lung disease (in which case both the heart and lung would have to be transplanted), the presence of generalized ischemic disease, such as from arteriosclerosis, diabetes, etc.

How old can a patient be and still be a candidate for a heart transplant? The oldest patient thus far was 62 years of age and did well immediately after surgery. Everyone agreed that the heart of a donor 50 years old who is not suffering from severe coronary disease can be considered a good graft; also, that a good teen-age heart can be used to replace an older heart.

The questions to be answered in the selection of a suitable donor pose greater problems. Some immunologists in attendance insisted that a good tissue-typing compatibility prior to surgery reduced the chances of rejection, and that one should always strive to obtain a good, if not perfect, match before proceeding with surgery. Of course, most often, this is totally impractical since a number of the recent donors have been the victims of severe and fatal accidents and little time was available for any such elaborate tissue-typing studies. In addition, in the longest surviving transplant recipient, the matching studies which were performed showed no such "perfect matching."

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

Other immunologists stated that they preferred a good match, but realizing that some recipients simply cannot be well matched, they would not stand in the way of a random transplant to save the patient's life in cases where it is difficult or hopeless to match. (In the case of kidney transplants, it is well known that good matching is a corollary to better prognosis for success, but time is usually not of the essence, as our lawyers say, in kidney transplants as it well might be in heart transplants).

What are the chances for success in heart transplant surgery? Well, we must first define the word, "success." If we mean short-term survival, then even a random transplant has a one-in-three chance of a fairly good match and hence of survival. To complicate matters still further, there is now evidence to support the belief that the antigens seen in tissue typing may not be the same as those causing tissue rejection by the body; and, in the case of kidney rejection, these antigens appear to be different from those in heart rejection cases. Again, the *in vitro* tests do not necessarily match the *in vivo* experience.

In the prevention of antibody formation or rejection, various surgical procedures have been tried (thoracic duct drainage, splenectomy, etc.) with poor results. These have now been abandoned. Antilymphocytic serum has been tried but found to be very hepatotoxic. This leaves azothioprine and cortisone as the important immuno-suppressors available at this time. The question of the use of antibiotics prophylactically is a moot one: some use them routinely, others avoid their use unless an infection actually sets in. The greatest drawback to the use of prophylactic antibiotics is the danger of an overgrowth of fungi where a broad-spectrum antibiotic has been used. The treatment of such systemic fungal in-

fections is very poor at this time and death almost always ensues.

The selection of a donor poses serious medical, moral and legal problems. The most important question, of course, revolves around the absolute assurance that the donor is dead before the heart is removed. In brief, it is generally accepted that the encephalogram must be isoelectric and that artificial respiration is no longer of any use, before the donor's heart can be removed. In other words, severe, irrecoverable brain damage must exist. Unfortunately, neither of these criteria are absolute. One cannot be absolutely sure, sometimes, where meaningful treatment ends and where the mid-brain stem is not functioning. It is therefore the grave responsibility of the leader of the transplant team to decide when the patient is dead.

Since it is well established that no recovery of cerebral function is possible if the patient is comatose, has no movements, has no reflexes, has no caloric responses, has a flat isoelectric EEG, has dilated and fixed pupils or pontine hemorrhage and pinpoint pupils, has no spontaneous respiration in absence of positive-pressure instrument, and has circulation not maintainable without vasopressors, Dr. Lillehei declared these criteria as being absolute for selection of the donor. This conclusion seems valid to me.

In addition to the hazards of this very major and delicate surgery, it must be pointed out that the use of immuno-suppressive drugs can lead to herpes virus, chicken pox virus, and other viral diseases becoming manifest during the post-operative period. All are serious threats to life in these cases. Another post-operative complication feared by surgeons is pulmonary embolism, which has occurred in several of the well-known cases to date.

It was pointed out at the meeting that in dogs, two-thirds of the animals with

transplanted hearts have died of infection and one-third from rejection, and that it appears that the same ratio has applied in the human cases thus far.

Certainly, everyone will agree that heart transplant surgery opens new

vistas to prolonging life, but there are many hazardous roads to be travelled yet before this procedure is established in our armamentarium as a safe one with reasonably certain results.

— o —

Proposed Medicare Changes

Medicare patients will have the cost of drugs covered after hospital treatment under a proposal submitted to President Lyndon B. Johnson by Wilbur J. Cohen, Secretary of Health, Education and Welfare at a Cabinet meeting held in Washington on September 18.

Hospital Costs Rise

A 10% increase in Medicare payments for hospital and nursing home patients goes into effect on January 1, 1969, Wilbur J. Cohen, H.E.W. Secretary announced before the 70th annual meeting of the American Hospital Association. "Increases are necessary because of the rising costs of hospital care," Mr. Cohen told the assembly.

Under the new system patients who now must pay the first \$40 of hospital care costs will have to pay \$44 starting January 1.

From the 61st to the 90th day of hospitalization, a patient now pays \$10 per day and the remainder is financed by Medicare. This amount will go to \$11 per day under the increases.

From the 91st day to the 150th day of hospitalization the patient currently pays \$20. In January he will start paying \$22.

Nursing Home Increases

A nursing home patient presently gets his first 20 days free provided he has

entered the home following hospitalization.

From the 21st to the 100th day he pays \$5 daily. Beginning in January he will pay \$5.50 daily up to the 100th day.

Meet The Needs of The People

The hospital executives were told by Secretary Cohen that "we must find ways of developing a comprehensive system of health care that will meet the needs of the people at the right time, at the right place, and for a cause that is appropriate for the right kind of care."

'Kiddiecare'

'KIDDIECARE' patterned after MEDICARE will more than likely be presented to the Congress by President Johnson in a message to Congress in the near future.

Kiddiecare would provide hospital and professional medical care through a mother's pregnancy and the first few months of a baby's new life.

According to a United Nations report in 1966, the United States ranks 14th in infant mortality rate. It is conceivable, but unlikely that the United States could have climbed to 11th place in the last two years. Infant deaths per 1,000 births have dropped from 23.7 in 1966 to 22.1 in 1968.



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86th Convention—Presidential Address

By

SAMUEL WERTHEIMER*

Acceptance address upon installation as President, Maryland Pharmaceutical Association, 1968-69, at the Banquet, 86th Annual Meeting, Maryland Pharmaceutical Association, July 10, 1968, Shelburne Hotel, Atlantic City, N.J.

I wish to thank my peers for giving me the opportunity of leading the Maryland Pharmaceutical Association during the coming year.

Events of the future often cast their shadows long before they occur. The events of the past years have done this very thing. They have told us that we, as an Association, must take the offensive in new health programs to benefit the general public.

We must associate ourselves in health programs of all sorts on a state, regional and local level. Where there is no program, we must be in the forefront of the efforts to establish one. When health is mentioned in Maryland, there must be a pharmacist there to say Amen.

Our relationship with state agencies must be realigned. We must find ways and means to bring about a better understanding with the State Health Department so that our requests, comments and efforts are not ignored. I believe the time has come for Maryland to have a full time, fully active Secretary of the State Board of Pharmacy. Our laws and regulations must not wait a year or two before an Assistant Attorney General can give his opinion upon their constitutionality. I believe a full time Secretary can more than prove his worth in bringing the State Board to a position of respect and honor among the pharmacists of our State. I shall recommend that our legal staff work with the Legislature towards establishing this post. We should also have a full time Drug Control Officer

and when he is relieved of the additional burdens of the State Board, will be able to run his office more effectively. I shall also work towards having the laws, which were so painfully passed at the 1967 session of the Legislature and so aptly termed the "Pharmacists' Bill of Rights", implemented at the earliest possible moment.

Ways must be found to bring every pharmacist into the Maryland Pharmaceutical Association. No longer can we permit the drones to ride piggy back on those of us who wish to leave Pharmacy a little better than we found it.

During the past year we have been able to convince the Office of Economic opportunity that we will not be pushed around as they have done in so many states. The impetus of this hard earned victory must not be allowed to falter.

We must proceed full tilt with a prepaid prescription plan—we have allowed this item to lag far too long. If Eastern Pharmaceutical Services Corporation cannot come through quickly, then another must be found.

The program of the School of Pharmacy must be supported, particularly the Continuing Education Program. This program must be taken to all corners of the State. We would be wise to study the effects of the Florida program closely.

Our recent experiences with the Governor and the State Health Department leave us little alternative in respect to a full scale publicity program directed by professionals. Charlie Spigelmire has

done wonders, but I believe that we are far beyond the stage that publicity can be handled on a part time basis. We must be able to tell our side of the story **loudly** and in time to influence political decisions. Whether we like it or not, in addition to being professional men and business men, we must now become politicians.

I have enumerated many items that are of primary importance to this organization, and I am sure I have stepped on a few toes and possibly hurt a few feelings, but the programs I have called for are surely the ones that are badly needed and are important for the salvation of our Association.

I call upon all our members to join me, the officers of the Maryland Pharmaceutical Association and the members of the Executive Committee to give a year of progress and greater stature.

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By

MORRIS E. BLATMAN

Executive Secretary, Philadelphia Association of Retail Druggists

Presented at the 86th Annual Convention, Maryland Pharmaceutical Association, July 9, 1968, Atlantic City, New Jersey, on Panel Discussion, "The Pharmacist's Emerging Role in Health Care."

If I were to ask a hundred pharmacists what they expect to be doing as pharmacists in 1975 about 95% of them would inform me that they are too busy to discuss it. The other 5% would answer "Who Cares".

Since I am supposed to be a Pharmacy leader and get paid to think for these community pharmacists, I should stipulate that I accept this challenge to discuss the future role of the community pharmacy and take the privilege of modifying the title to reflect that this is one man's opinion.

The future of health care in this country is an emotional storm, buffeted by politics, politicians, bureaucrats, finances, administrators, economists, teachers, physicians, pharmacists, dentists, nurses, hospitals and people.

Each of these involved groups wishes to exert sufficient pressure to assure that whatever way it comes out they will not get hurt politically, professionally or financially.

Since I have read, studied, analyzed and partially absorbed many worthwhile articles about health care and since I have written a couple myself, I can hardly be either objective or impersonal and in this light tell you that what I'm about to say is wishful thinking based upon a certain amount of reading, analyzing and crystal-ball gazing.

Predict The Future

I like to think that I have studied the past. I see the present in the light of the past and I am now ready to predict the future as I wish it were going to happen. I would be doing my fellow-pharmacists a disservice if I merely sat

down and dreamed about the future like a Walter Mitty making the community pharmacist the hero of all future health care.

I would be doing my fellow pharmacists a disservice if I predicted that he must go out of existence because the government can supply drugs to the people at a lower cost. But this would mean the end of not only retail pharmacy but also the wholesaling and manufacturing industry. But this will come about only if the country goes socialistic entirely and I don't think we are ready for that. Nevertheless the obituary of community pharmacy which I wrote last January still haunts me and I reluctantly must admit that it could happen here.

Somewhere between these two extremes is the gray area which represents the outcome of present trends, logical interpolation, straightline prediction and a feeling.

Importance of Pharmacist

The most important part is the "feeling" that the pharmacist must become more and more important in these days of health professional shortages. I am secure in the knowledge that every other single phase of health care expert is handling everything that can possibly come his way. Only the pharmacist is not busy if he is considering only the hours that he is using his professional time and ability. If he stands ready to utilize this time and energy the health care field is ready to give him the opportunity. This lack of professional time applies only to the community pharmacist.

for the betterment of pharmacy

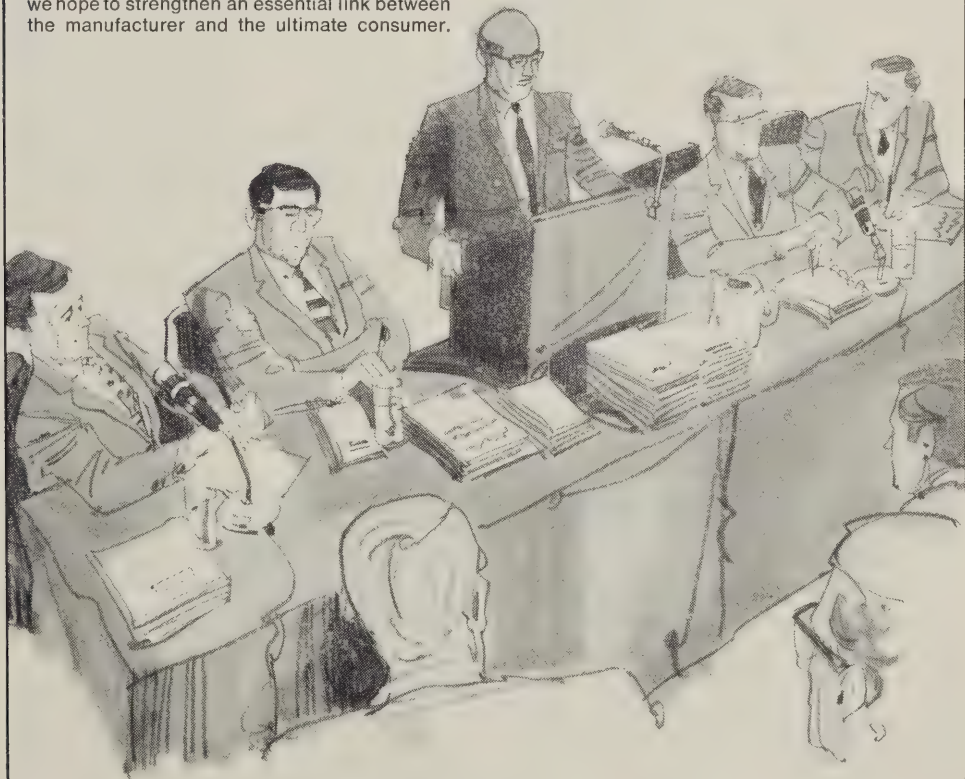
What is a fair return on my investment? What about inventory control? How can I promote the Rx department? How can I compete effectively with the high volume, low margin store?

These and other related subjects are discussed by the Pharmacy Management Panels sponsored by Lederle Laboratories. These panels have been held 33 times in 29 different states since 1962 usually in conjunction with a major pharmaceutical association meeting.

Among those who have served on the Lederle panels are H. W. Adkins, Vice-President, Yahr-Lange, Inc., Milwaukee, Wisconsin; George L. Scharringhausen, Jr., Scharringhausen Pharmacy, Park Ridge, Illinois; Dr. Paul C. Olsen, Professor of Pharmacy Administration at Brooklyn College of Pharmacy; Dr. Jean K. Weston, Vice-President Medical Relations, National Pharmaceutical Council, Washington, D.C.; Drew E. Haskins, Jr., Drew's Drugs, Fort Oglethorpe, Georgia; Robert J. Gillespie, Gillespie's Drugstore, St. Joseph, Michigan and Mike Harris, Executive Secretary, The Pharmaceutical Institute, Sacramento, California.

We at Lederle realize that the pharmacist is a vital factor in the success of the pharmaceutical industry. That is why we provide expert management counsel to pharmacy owners through Pharmacy Management Panels. By this means we hope to strengthen an essential link between the manufacturer and the ultimate consumer.

If you would like to have a transcript of one of the seminars, address your request to Maxwell James, Lederle Laboratories, A Division of American Cyanamid Company, Pearl River, New York 10965.



Let us keep in mind that not until the Medicare regulations were issued which resulted in the creation of the Pharmacist Consultant did we have a legal right to practice outside the four walls of the pharmacy.

The community practice of pharmacy is the toughest, roughest, costliest and most economically rewarding of all pharmacy specialties. What we need now is to make it the most professionally rewarding as well. In recent years the halo of pharmacy passed from the community practice to the hospital practice. What we need now is a program to bring it back so that future pharmacists will be anxious to get into community pharmacy and stay in it.

Private Enterprise Is Alive

I find it hard to believe that private enterprise is a dying thing in this country. If it happens, much of the incentive that made this country great will also pass and the country will be poorer for it. Pharmacy like all professions reacts to stimuli. The advent of O.E.O. Comprehensive Health Care Centers raised blood pressure and hopefully our sights in regard to pharmaceutical services.

The threat of institutional pharmacy in medical complexes has forced pharmacy to add professional services that were non-existent before.

The needs of the elderly forced some pharmacists to undertake the providing of home health care services and the beginning of data processing programs to handle the paper work required by these programs.

Government programs that refused to recognize a mark-up system has forced pharmacy to adopt a service fee concept and third party programs operating with acquisition cost will further complicate our lives and point our future direction.

Government investigation into the drug industry has focused attention on

pricing policies of manufacturers and changes in wholesale pricing and services are imminent.

The shortage of pharmacists has forced us to look around either for sub-professionals or combining with another co-professional for our mutual benefit. Why do we need seven hundred pharmacies in Philadelphia each owned by one or two pharmacists when three hundred pharmacies owned by nine hundred pharmacists would do more business, have a lower overhead, produce more services in a longer day and should you and your neighbor each keep a better economic reward? Why an inventory, each have a delivery service and each work fifteen hours a day waiting for the same person to bring a prescription to either one of you?

Place In Which We Practice

In this context let us look first at the place in which we practice. Let us admit that as far as health care is concerned we are far from projecting a professional atmosphere. Contrast your pharmacy with the feeling you get when you walk into a well operated pharmaceutical center. Believe me when I tell you that I can find much to criticize in the sterile atmosphere of the Center. But I can find much more to criticize in many community pharmacies. I doubt that many of you or many of the public are ready for three hundred Pharmaceutical Centers in Philadelphia. But I predict that the atmosphere and the direction of change will favor that concept rather than our typical drug store of today. In whatever atmosphere you prefer to make your stand it will have to be health oriented for the well customer and the sick patient.

New Techniques

We cannot survive in an atmosphere of merely filling prescriptions. Or even if one adds record cards. Record cards and financial accounting must be up-to-date, accurate and complete. Only a standardized data processing program

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geared for the community pharmacist will suffice. I caution the pharmacist not to try to do it himself. It may become more important to take the young lady who is now your cosmetician and have someone teach her the rudiments of pharmacy data processing.

Even the filing of prescriptions will take on new techniques and files more than one year old will have to be micro-filmed and the originals stored in a convenient warehouse.

Government programs and other third party systems will require additional bookkeeping techniques much too time consuming to be done by a pharmacist.

Inventory control by product numbers will be another responsibility you will have to give up to a non-professional. Ordering, receiving and auditing of orders will have to be done by others. Nor will you have time to put merchandise on the shelf.

If you are getting the impression that the pharmacist will become a time-on-my-hands dilettante, forget it.

You will spend your time in patient consultation both for prescription products and O.T.C. items.

You will spend time reading, studying, watching closed circuit television programs on new products and new techniques.

You will spend time in the community convincing the people that you are a health professional interested in their continued good health.

You will be in consultation in person and by telephone with community and hospital based physicians discussing patient needs and special services for individual patients.

You will be meeting with social service workers, mental health aides, city health officials, community representatives and others interested in the health care field. You and your partners may

be pharmacists, or pharmacist consultants in nursing homes, extended care facilities, private hospitals, small public hospitals, health care centers, clinics, and/or anywhere else that a pharmacist's services are needed. Obviously at least one of you will always be in the pharmacy.

Group Practice

Can such a group practice pharmacy provide net profits of \$50,000 a year? Remember that I said three hundred such pharmacies in Philadelphia. This would give each pharmacy a 7,000 population from which to draw. Today with 700 pharmacies each has a potential customer range of 3000 people.

I believe that these 300 pharmacies with 900 pharmacist owners could each employ at least one additional full time pharmacist. Each would have to support at least four additional non-professionals, but my own thinking would calculate this as closer to six non-professional employees.

Each three or four of these centers could operate an emergency service for nights, Sundays and holidays but in reality store hours would depend upon local conditions. We now have some physicians who find it expedient to hold office hours after midnight and this could determine the hours that an individual pharmacy might keep.

Let me admit that right now there is not a single pharmacy in Philadelphia or any of the surrounding counties that stays open all night. As far as I know, only one hospital in Philadelphia has a pharmacist on duty twenty-four hours a day. Needless to say this situation should not be allowed to continue. We, as pharmacists owe it to the citizens of Philadelphia.

The three hundred pharmacies would not be placed to satisfy the needs of a landlord or a physician or a group of physicians. It is more likely that pharmacies devoted to health care would be located to satisfy a population need.

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Project with me for a minute a single block in the community where there would be a medical group practice clinic of eight to ten physicians; two or three dentists; two podiatrists, a laboratory, a physical therapist and the necessary nursing staff to operate such a practice. Add to it a pharmacy owned by three pharmacists employing a fourth pharmacist. In the pharmacy is a large prescription department with sufficient space for filling prescriptions. With special space for filling nursing home and hospital requirements. There is a special private section of fitting rooms for trusses, back braces, surgical supports, orthopedic appliances, wheel chairs, commodes, hospital beds and the entire gamut of home health care appliances. And the trained personnel to make this department meaningful.

Patient Consultation

There is of course a new section devoted to patient consultation. Not just 2 chairs — but chairs, table, anatomic charts and literature to explain how drugs are to be taken, when they are to be taken, what the expected results might be and what some unexpected results might be.

In my concept of the future that patient-pharmacist-relationship would go beyond the accepted triangle of physician-patient-pharmacist. I see mine as the conventional triangle with reinforcing bars between the patient and the pharmacist and between the pharmacist and the physician.

These reinforcing bars come about because of this special dialogue between pharmacist and patient. The other reinforcing bar comes about because the pharmacist will have the patient records which would indicate to the pharmacist that the drugs taken by the patient both on prescription and by self-selection might interfere with diagnostic tests or create a therapeutic incompatibility. Out of this information

therefore comes the necessity for dialogue between pharmacist and physician.

I See The Pharmacist As:

In this imaginary environment, I see the final fulfillment of pharmacy. I see the pharmacist as:

1. The distributor of drugs—
 - (a) by prescription of the physician
 - (b) by self-selection with consultation of the pharmacist.
2. The distributor of home health care services.
3. The distributor of drugs and services to those confined to institutional environments other than hospitals.
4. The consultant to the patient.
5. The co-professional with the physician, dentist, podiatrist, nurse, etc.
 - The keeper of pertinent health data as it pertains to drug.
7. The distribution of health information to the community.
8. The community's unofficial or official health care officer because of his knowledge of health matters as it pertains to the community.

When we have reached this point we too, will be in the category of health care practitioner—too busy to take on any additional projects.

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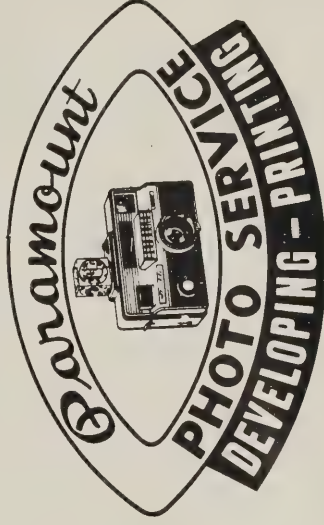
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The Cause—PROGRESS

With the passage of the landmark amendment to our Constitution, opening Active (Voting) Membership to ALL pharmacists, we have taken a giant step forward.

We are living through a time of great flux. Change is the order of the day—and change we must to avoid being left behind. The need to strengthen our efforts and to make our actions more efficient is great in our day-to-day dealings—and more so in the workings of our Association.

Efficiently run organizations, doing away with duplication of effort, meaningless exercises and activities, can concentrate on effective action. We must constantly re-state our goals and analyze our methods for achieving these goals. Times change—and so do our goals. What is more dead, at the moment than the Committee for the Preservation of Fair Trade?

I think that the time has come for BMPA and MPhA to enter into a reciprocal dues agreement. Call this affiliation (to some, a BAD word) or any other name, but this one move will make for an infinitely more efficient operation.

Additionally, the time has come for us to re-assess the "government" of our Associations—to make it more responsive to its membership. I feel that this can best be accomplished through the development of a House of Delegates, with the delegates elected by local associations, to represent the interests of their constituency. All phases of pharmacy should have a voice in this House of Delegates, including hospital pharmacists, industrial pharmacists, wholesalers, manufacturers—as well as TAMPA and LAMPA.

Better communications must be set up with all aspects of pharmacy if we are to fulfill our charge—and that charge is the development of the best possible delivery system for pharmaceutical care for the public of this great nation of ours.

DONALD O. FEDDER,
President

BMPA

General Membership Meeting

TOWN HOUSE MOTEL—NOVEMBER 21, 1968

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Volume 26

SEPTEMBER, 1968

No. 12

T.A.M.P.A. News

By HERMAN BLOOM

Kenneth L. Mills was installed as President of T.A.M.P.A. for 1968-69 at T.A.M.P.A.'s annual installation and outing at the Crofton Country Club on September 12. Mr. Mills in his acceptance speech urged T.A.M.P.A. members to stick together and carry on the basic principles and foundation upon which T.A.M.P.A. was built.

ANNUAL LADIES NIGHT

Arrangements have been completed for T.A.M.P.A.'s Annual Ladies Night to be held on Thursday, November 7, 1968 at the Oregon Ridge Theatre.

The complete program for the evening is as follows:

Date. Thursday, November 7, 1968

Time: Cocktails at 6. Set-ups furnished. B.Y.O.L.

Place: Oregon Ridge Theatre

Show: "A Shot In The Dark"

Dinner: 7 P.M. Sharp

Curtain: 8:30 P.M.

Installation Address*

By

KENNETH L. MILLS

President T.A.M.P.A. 1968-69

"Thank you for the honor bestowed upon me today. I am very proud of this honor and I am not going to use that old Hollywood cliché, that I am proud yet humble—for I am proud, very proud and I can not say that I am humble, for humble means meek, modest—this I am not.

"But may I remind you of T.A.M.P.A.'s humble beginning. Sometime prior to the year 1916, Mr. Manuel Hendler, Mr. Walter S. Read and Mr. Harry Hoffman, all three men deriving their livelihood from the retail druggist decided to assist and also to entertain the druggists at their annual convention. They were custodians of all the monies collected at the convention, manned the registration desk, arranged for all the meetings and also all the entertainment. After all the bills were

paid, the net proceeds were turned over to the Executive Secretary of the Maryland Pharmaceutical Association.

From this humble beginning in 1916 the Travelers Auxiliary of the Maryland Pharmaceutical Association was born.. many times in the early days Messers. Hendler, Read, or Hoffman underwrote the affairs of T.A.M.P.A. and absorbed any financial discrepancies that arose out of their own personal funds . . . quite often T.A.M.P.A. was not in a position to reimburse its founders, yet in the twenty odd years that I knew Mr. Hendler and Mr. Hoffman I never heard them complain about their investment in T.A.M.P.A. . . . They were true, loyal and devoted members.

My fellow Tampaians, as I have reminded you of the basic principles and the foundation of which T.A.M.P.A. was built, as your newly installed President, my first assignment to you is to charge each and every one of you individually and collectively to remind me of your loyalty and devotion to T.A.M.P.A.! And that it is my duty, my obligation to each and every one of you here this evening and to every T.A.M.P.A. member to be just as devoted and loyal to T.A.M.P.A. as you are.

Then by being cognizant of your sincere devotion to T.A.M.P.A. I will become humble for I will be conscious of the fact its President is its weakest kink. But I hope that perhaps thru the year I may be engendered with your esteem for this great organization and be able to join you as one of T.A.M.P.A.'s strongest links.

Then I will be able to say along with Portia:

The Quality Of Mercy Is Not
Strained;

It Is Twice Blessed;

Blessed By Him That Gives;

And Him That Receives.

T.A.M.P.A. Welcomes New Members

Robert Cohan of the Nation Wide Check Corporation, 100 W. 22nd St., Baltimore, Md. 21218; Mark N. Goldstein of Mid-Atlantic, 6016 Cross Country Blvd., Balto., Md. 21215; Richard Allen Burgee of the Chap Stick Company, 5502 Alban Ave., Baltimore, Md. 21214 and Peter P. Bobes of the Schick Safety Razor Company, 510 Warren Road, Cockeysville, Md. 21030.

—o—

T.A.M.P.A. Committees

1968-69

Attendance: C. Wilson Spilker, Chairman; Henry Zetlin, Albert J. Binko, Joseph Costanza.

Custodian: William Nelson, Chairman; Abrian Bloom, William Grove, Jr., A. B. Leatherman.

Luncheon: Leo (Doc) Kallejian, Chairman; Paul Mahoney, Joseph Grubb, Henry Eckhardt, Jr.

Maryland Pharmacist: Herman Bloom, Chairman; Howard Dickson, Dorsey Boyle, Ross J. Lytle, Jr.

Membership: Frederick H. Plate, Chairman; Ray T. Paszkiewicz, John Fagan, Charles Maranto.

Program: John Matheny, Chairman; Larry Rorapough, Chairman Special Events; John Forbes, Richard Crane, David Mervis.

Publicity: William A. Pokorny, Chairman; Edwin Kabernagle, George Komalan, Bernard Homburg.

Welfare: John Cornmesser, Chairman; Ray Schroll, William Grove, Sr., Lawrence J. Reed, Francis J. Watkins.

Memorial Fund: Louis M. Rockman, Chairman; J. William Gehring.

Ways and Means: Joseph J. Hugg, Chairman; And Past President.

L.A.M.P.A. News

By ANN CRANE 426-6868

L.A.M.P.A. ladies participation in National Pharmacy Week, October 6-12, 1968 observance will be as hostess at the open house to be held at the B. Olive Cole Museum in the Kelly Memorial Building headquarters of the Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore.

Constitution Revision

L.A.M.P.A.'s Constitution and By-Laws are under consideration for revision. The last review was made in 1957. Attention members: if you have any thoughts on the revision, please contact Mrs. Harry L. Shrader (301) 233-9140, or any of the past presidents.

Program Committee

Mrs. Charles E. Spigelmire heads the Program Committee for 1968-69. Assisting Mrs. Spigelmire are: Mrs. Herman Bloom, Mrs. Jerome J. Cermak, Mrs. Richard R. Crane, Mrs. Henry Eckhardt, Mrs. Milton A. Friedman, Mrs. Marvin W. Henderson, Mrs. Gordon A. Mouat, Mrs. Charles J. Neun, Mrs. H. Sheeler

Read, Mrs. Harry L. Shrader, Mrs. Frank J. Slama and Mrs. Maurice Wiener.

Speedy Communications

Please inform your corresponding secretary, Mrs. Richard R. Crane and/or Mrs. Manual Wagner, membership treasurer of changes of address including ZIP CODE and telephone numbers so that mailings will reach you promptly.

Membership Dues

If you have not paid your dues as of this writing, please mail your check for \$2.50 to Mrs. Manuel Wagner, 7307 Seven Mile Lane, Baltimore, Md. 21208. L.A.M.P.A.'s dues are its only source of income to carry on its activities, so prompt payment is essential and will be appreciated.

Regional Participation

L.A.M.P.A.'s participation in MPhA's Fall Regional to be held October 17, 1968 at the Holiday Inn, Frederick, Md. will be reported in the next issue of the *Maryland Pharmacist*.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association in executive session has endorsed the efforts of the Maryland Pharmaceutical Association to have the State Medicaid fee restored and MPhA's request for an increase fee of \$1.75 to be included in the 1970 budget.

Maryland Blue Cross

The Maryland Blue Cross Prescription plan was explained to the membership by Stuart L. Baltimore, Jr., manager, Pharmacy Relations, Maryland Blue Cross. Fifteen day payment of prescrip-

tions filled and a minimum of paper work was assured by Mr. Baltimore.

Blue Cross Fee

The professional fee of \$1.85 per prescription order cannot be cut under the contract, Mr. Baltimore emphasized. The fee will be under constant review. There is being set up a Pharmacist Advisory Committee composed of pharmacists representing the various facets of pharmacy. The Board of Trustees of Maryland Blue Cross will also have representatives of pharmacy.

Alpha Zeta Omega

The Alpha Zeta Omega National Pharmaceutical Fraternity has encouraged its members and pharmacists throughout the country to support their local, state and national pharmaceutical associations by being members of the associations in passing a resolution embodying the above at the recent convention held in Washington.

Here's a project for Kappa Chapter, Baltimore and Pi Chapter, Washington, D.C. to undertake, for their members to support their pharmaceutical associations membership drives!

Colleges of Pharmacy in order to raise the standards of Pharmaceutical Practice were requested that a program of Continuing Education be included in the curriculum, so that pharmacists may be better equipped to serve in the capacity of therapeutic consultants to the physician and the public.

The American Medical Association and its President were asked to rescind the allegation by President Rouse of the

Association in regards to his statement regarding the "High Cost of Drugs" and the responsibility of the "Retail Pharmacists" for this condition in an article appearing in the March 25, 1968 issue of the American Druggist. The American Medical Association was asked by the Fraternity to present a true picture of overall costs of health care in the United States.

1969 Regionals

The spring Regional, hosted by the So. Conn Alumni, will be held at the Stratford Motor Inn, Stratford, Conn. on April 19 and 20.

The 1969 Fall Regional will be held on November 1st and 2nd in Williamsburg, Virginia at the Motor House Motel.

Executive Secretary

A committee is to be appointed by the Supreme Directorum to look into the possibility of having an Executive Secretary for the Fraternity.

Get your tickets NOW!

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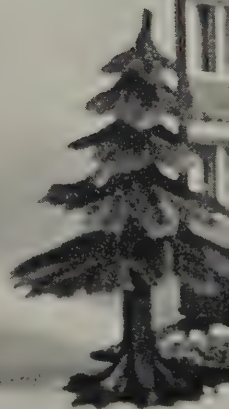
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All of these materials are available now from Roche. You may write or better yet—ask your Roche representative.

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MORRIS R. YAFFE, B.S.
Rockville

F. S. BALASSONE, B.S.
Secretary

2305 N. CHARLES STREET
BALTIMORE, MARYLAND 21218

Board of Pharmacy Inspectors School

The first National Board of Pharmacy Inspectors School will be launched shortly, it was announced in a report given by A. G. McLain of the Boards of Pharmacy.

The courses will be given at Temple University, Philadelphia, under the direction of Dr. Sidney H. Willig, Director of the Drug Law Unit of the University.

"The school will afford educational reinforcement to pharmacy board officials. It will seek to qualitatively and quantitatively add to the scope of their background of information. It will also review plans of laws and regulatory interpretation pertaining to the inspectors growing everyday roles in enforcement consultation for compliance, and their general responsibilities to safeguard the public's interest in the proper compounding, dispensing, and distribution of drugs and related products," Mr. McLain, noted.

"The school will also explore the basis for state cooperation with Federal and professional agencies where this mutuality of interest exists," he said.

A grant from the National Pharmaceutical Council, Washington, D.C. has made the first NABP pilot school for Board of Pharmacy Inspectors possible.

Pharmacy Changes

The following are the pharmacy changes for the month of September:

New Pharmacies

Fallston Medical Pharmacy, Inc., Joseph Francik, President, 1916 Belair Road, Fallston, Maryland 21047.

The Read Drug and Chemical Company, Arthur K. Solomon, President, 201 North Charles Street, Baltimore, Maryland 21201.

Rodmans Drugs, Roy Atlas, President, 4301 Randolph Road, Silver Spring, Maryland 20906.

White Cross, D. M. Robinson, President, 131-133 Baltimore Street, Cumberland, Maryland.

Change of Ownership, Address, Etc.

South Baltimore General Hospital, F. W. Wagner, Jr., President, (Formerly located at 1213 Light Street, Baltimore, 21230), 3001 S. Hanover Street, Baltimore, Maryland 21230.

White Cross, D. M. Robinson, President, (Formerly Beacon Pharmacy — Stanley Yaffe, President), 519 Glen Burnie Mall Shopping Center, Governor Ritchie Highway, Glen Burnie, Maryland 21061.

No Longer Operating As Pharmacies

Lexington Park Pharmacy, Milton L. Hillman, President, 19 Tulagi Place, Lexington Park, Maryland 20653.

Leyko's Pharmacy, Gregory W. Leyko, 2501 West Baltimore Street, Baltimore, Maryland 21223.

Maryland Drug Company, Inc., A. Lester Batie, President, 126 Washington Boulevard, Laurel, Maryland 20810.

Wylie Drugs, Inc., Marvin D. Davidov, President, 4601 Park Heights Avenue, Baltimore, Maryland 21215.

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Maryland Blue Cross Out-of-Hospital Prescription Program

By

STUART L. BALTIMORE, JR.*

Manager, Pharmacy Relations, Maryland Blue Cross



STUART L. BALTIMORE, JR.

Presented before general membership meeting of the Baltimore Metropolitan Pharmaceutical Association, September 26, 1968.

It is a great pleasure for me to be here this evening to speak on the new Blue Cross Out-of-Hospital Prescription Program. I would like to take just a moment to go into the reasons for the formulation of such a program in the State of Maryland. Blue Cross, who has been a leader in the health care field for many years, recognized a great need for a pre-payment prescription program. The United Auto Workers in Detroit, as part of their contract negotiations, also indicated such a need for their employees. In Maryland, we have 7,000 U.A.W. employees who will be eligible for prescription coverage on October 1, 1969.

It gives me great pleasure to report that to date, we have more than 60% of the licensed pharmacies participating in our program. This percentage is evidence of the need for a third-party pre-payment system. It also indicates the tremendous help that we have received from the Maryland Pharmaceutical Association and your esteemed Executive Secretary, Nathan I. Gruz.

I would like to report to you, that in the future, we plan to form an Advisory Group consisting of pharmacists from independent drug stores, chain drug stores, pharmacy educators, and pharmacy administrators. Also, in the future, we plan to appoint a pharmacist to our Board of Trustees.

We are offering this program to individually merited rated groups of 100 or more. As experience dictates, we hope to lower this requirement for smaller groups. You can see the potential number of eligible people in Maryland.

I would like to explain our Prescription Drug Program brochure that was mailed to every pharmacy in Maryland. First, let's go into the covered services, the quantities and refills. Under this program, we will cover legend drugs, which by law may not be dispensed without a prescription order; compounded prescriptions, containing at least one legend drug; and insulin, which may be dispensed without a prescription. The only legend drugs not covered under this program are contraceptives.

I realize physicians write prescriptions for non-legend drugs, which are not a benefit. However, we are constantly reviewing this program and in the future, hope to be able to cover some over-the-counter products.

The quantity of drugs dispensed on the original prescription or refill, is a 34-day supply. The reason for this is that 34-days is construed to be a 30-day supply plus a weekend. Maintenance drugs, drugs prescribed for chronic illness or disease, may be dispensed in quantities of 100.

Refills, under this program, are authorized up to one year from the date of the original prescription. After that, we do ask that you obtain a new prescription for your files.

The medical personnel who may prescribe under this program are as follows: Medical Doctors, Doctors of Dental Surgery, Doctors of Dental Medicine, Doctors of Osteopathy, medically licensed in Maryland, and Doctors of Podiatric Medicine. Telephoned prescriptions will be acceptable, if you handle them in the same manner as you have previously.

We will now discuss what I know is considered to be the most important part of the program to you, and that is acquisition cost. The acquisition cost under this program is the purchasing price of the drug from any supplier; wholesaler, manufacturer, or any other means. This is interpreted to be what it cost you to put this drug on your shelf.

In reporting the acquisition cost, we ask that you report to us your actual cost as accurately as possible. Our program is going to be completely computer-oriented, and by using the computer, we will be able to set patterns and follow the acquisition cost of drugs for each pharmacy.

The professional dispensing fee in our State is \$1.85. This fee was developed from comprehensive and independent studies, and was determined to be a fair fee for your pharmaceutical services, and designed to cover your delivery services, your overhead, and your profit. By dispensing on a fee system, you are being paid for your professional ability as an integral part of the health care

team. The professional fee will be under constant review by Maryland Blue Cross.

Under our program, we will have both full coverage and deductible coverage. With full coverage, Blue Cross should be billed for the total amount. Under our deductible plan, the patient is responsible for a fixed amount, and Blue Cross should be billed for the balance.

Compounded prescriptions are time-consuming. We at Blue Cross realize this, and at present we are working on a relative value scale.

Insulin is the only covered drug for which we will not pay the \$1.85 professional fee. For Insulin, Blue Cross should be billed your usual charge to customers, less any deductible amount.

We guarantee payment to you within 15 days after receipt of the claims. That is, we will send a check to you within 15 days from the time we receive the claim, provided there is no error on the claim.

A subscriber who takes his prescription to a non-participating pharmacy is required to pay the full amount and request a receipt. The subscriber should then file directly to Blue Cross for reimbursement. We will reimburse the subscriber 75% of the charges determined by Blue Cross to be customary and reasonable, less any deductible amount.

Our claim form which is presently being printed, is designed to make it as easy as possible for both the subscriber and the pharmacist. To help the pharmacies concerned, we are pre-printing our forms with the pharmacy's name, address, and pharmacy code number. We do not have any time limit for mailing the claim form. We do request that you do not hold them longer than 30 days. Also for the convenience of the pharmacist, we are using your prescription number as a claim number. Hopefully, this will prevent any problems from additional numbers appearing on the form.

All Blue Cross participating pharmacies will receive a special plaque and a decal identifying their participation in our program. We would like the plaque displayed in your drug department, and the decal should appear on each entrance to your pharmacy.

In order to keep the Blue Cross Prescription Program at the highest professional and ethical level, we will not permit advertising of our program beyond the Blue Cross decal and plaque. The only way that you can advertise is with prior written approval from the Maryland Blue Cross Plan.

To participate in the program, you merely complete the two contracts and the profile card that you received in the mail. We will then acknowledge receipt of your contract and return a copy to you. There is no required fee to join this program, nor are you prohibited from joining any other program.

In the future, we will be preparing and distributing to every pharmacist in the State of Maryland a Pharmacy Administrative Guide. This Administrative Guide will give you the entire criteria of our program with pictures of our claim forms. This should be utilized by you as a reference for the entire program.

We are aware of the tremendous administrative burden that has been placed on pharmacists today. Blue Cross is currently studying possible ways to eliminate as much paper work as possible. We are investigating every electronic approach to this problem available.

I would like to thank the members of the different county societies throughout the State, and the Maryland Pharmaceutical Association for their interest and endorsement of our Blue Cross Prescription Program.

Thank you.

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Pharmacy Calendar

Nov. 17-23—Diabetic Detection Week

Nov. 21 (Thursday)—Baltimore Metropolitan Pharmaceutical Association Annual Meeting and Election of Officers.

Jan. 26, 1969—B.M.P.A. Banquet and Installation of Officers, Emerald Gardens, Baltimore.

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Influenza A2

The United States has been warned to anticipate the appearance of the new Hong Kong strains of influenza A2 by Public Health authorities.

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Wedgewood Club

The Wedgewood Club resumed its monthly get-togethers with a return to Brentwood Inn, Dundalk, on Thursday, September 26, 1968.

One of the oldest drug clubs in Baltimore, it was founded on January 24, 1900. The Wedgewood Club has a closed membership of 51 members, 34 pharmacists and 17 non-pharmacists. Meetings are held once a month, the last Thursday for dinner and good fellowship. Guests are welcome by invitation. The business meeting of the group is held in January, attendance open to members only. Election of officers takes place at this meeting.

Officers 1968

Joseph J. Hugg is the only officer, being both Secretary-Treasurer. John Cornmesser is chairman of the Executive Committee with William A. Morgans, Jr., and Louis T. Sabatino being the other members.

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Preceptorship—A Needed New Look*

RALPH F. SHANGRAW, Ph.D.

Associate Professor of Pharmacy

University of Maryland School of Pharmacy

Prior to the establishment of schools and colleges of pharmacy, it was necessary for all applicants for professional licensure to have completed a period of practical experience in a pharmacy. This experience was necessary to acquire the information, skills and competence to pass licensure examinations. Originally, schools of pharmacy were designed to organize and present that portion of the practical experience which could be considered to be didactic.

As schools of pharmacy became more and more concerned with general as well as professional education, the responsibility for technical training and practical experience became more difficult to assign.

About 30 years ago, boards of pharmacy became increasingly aware of the fact that apprentices were often not obtaining the necessary breadth and depth of experiences during their practical training. The attitude of the preceptor and the nature of pharmacy had drastically changed since such programs originated. The boards felt that the practical experience requirements should be clarified or abolished.

Standards Recommended by NABP

In 1939 the committee to study statutory requirements in several states formulated minimum standards for internship. Although these standards were proposed for all states in 1943, the war intervened and it was not until 1948 that the National Association of Boards of Pharmacy was able to effectively move for their adoption in all states.

The standards as recommended by the NABP were:

- (1) Definition of the term "year" of internship.
- (2) Notification to Board by preceptor of the beginning and ending of intern's practical training.
- (3) Notification to Board by intern of intentions of practical training.
- (4) Confirmation of practical training by Board.
- (5) Limiting of experience to pharmacies accepted by Board.
- (6) Definition of the term "supervision."
- (7) Outline of standards for a pharmacy which would be acceptable by the Board.
- (8) Completion of notebook by intern recording training experience which would be submitted to the Board.

(Note: All of these minimum standards are in effect in Maryland except the last).

A subsequent resolution passed by NABP placed the majority of boards on record as opposing approval, in principle, experience gained prior to graduation from high school. However, as late as 1957, 35 states and the District of Columbia were not complying with this resolution. Another resolution of the NABP recommends that experience acquired in accordance with the standards in either **hospital** or **community** pharmacy be approved.

In 1964, the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy collaborated in publishing a manual for internship training, "Pharmacy Preceptors Guide." This guide includes the history, objectives, and philosophy of

* Presented at the 85th Annual Convention of the Maryland Pharmaceutical Association, Tamiment-in-the-Poconos, Pa., July, 1967.

such programs along with the responsibilities of both the intern and the preceptor, and a discussion of all the various areas of training.

Recently, many members of the NABP have urged adoption of a uniform practical experience requirement which would involve at least a six month period of internship subsequent to graduation from schools or colleges of pharmacy.

AACP Position

The most recent and comprehensive view of the American Association of Colleges of Pharmacy on internship can be found in the Report of the Committee on Curriculum submitted in 1957 (*Am. J. Pharm. Ed.*, 21:221-228 (1957)). The committee studied the responsibility of schools and colleges of pharmacy in regard to practical experience and concluded that the objectives of a properly supervised internship training program are desirable and will continue to be desirable even with the advent of the five year program. However, the report states that "These objectives are not attainable under the practical experience requirement as it is loosely administered and superficially supervised in most of the states today."

The committee report set up seven general principles for an Internship Training Program:

1. "Responsibility for providing the proper orientation to the practice of pharmacy through a supervised internship training program is primarily the responsibility of all members of the profession and not that of the intern.
2. The preceptor is the key figure in the program and only those qualified in training, practice, interest and philosophy should be given the privilege and obligation to serve as preceptors. Any successful program should include a plan for selecting preceptors who are willing to assume this responsibility.

3. Only those of the profession's facilities that can be used effectively should be utilized in the program. Any successful program should include a plan for selecting and improving pharmacies in which an intern is permitted to acquire his training.
4. The program should be outlined in terms of the educational objectives to be achieved, and it should be planned so as to best achieve those stated objectives.
5. The program should have over-all administration and direction by a group familiar with pharmaceutical education and pharmaceutical practice, and with the authority, legally assigned or delegated, to discharge this responsibility. Administration and direction should be carried out in terms of education and not in terms of policing.
6. Both the preceptor and the intern should be made thoroughly aware of their duties, responsibilities, and obligations under the program. The program should include a plan for periodic group conferences for all preceptors and the group responsible for over-all administration and direction, for the purposes of discussing and solving common problems that arise and of improving the program.
7. The program should be subjected to constant evaluation in its various components and to periodic over-all evaluation in order that the profession may know whether it is achieving its educational objectives. Such evaluation should be in terms of achievement of objectives, not merely in terms of meeting legal requirements."

It was the consensus of the Committee that with the advent of the five year curriculum, a program of more than six months duration could not be justified and that the internship should be

served after graduation. If the present twelve month period is retained, experience acquired prior to the completion of the first three years of the curriculum should not be accepted.

The Committee then discussed two possibilities to improve the internship system, i.e., improvements under the present system and inauguration of a new system to be supervised by the schools or colleges of pharmacy. (This latter course was not encouraged except on an experimental basis).

As regards improvement of the present system, solution of the internship problem must be based on the recognition of the following:

- (a) "That responsibility for the present situation and for its improvement should be shared jointly by colleges, practicing pharmacists, and state boards, and
- (b) Since it is their joint problem, it is within their power to do something about it."

The committee points out that if the State Board of Pharmacy does, in fact, have primary legal responsibility for the administration, regulation, and supervision of this experience requirement (as exists in Maryland), then, acting under its power to issue rules and regulations to carry out the purpose of the law, the Board could delegate its authority, **in part**, to a group representing pharmacy in the State which can give assistance in making the requirements meaningful.

The Committee concluded by making its primary recommendation:

"That member colleges of this Association take the initiative in seeking the formation, in each of their states, of a joint committee representing the college(s) of pharmacy, the State Board of Pharmacy, and the State Pharmaceutical Association to plan a cooperative approach to the problem of improvement in supervision of the practical experience requirement for licensure."

(This has never been discussed nor implemented in Maryland).

Problem Areas

Before discussing the internship program in Maryland it might be useful to make a few generalizations:

1. The internship programs of each state have almost universally remained under the Board of Pharmacy and indirectly the pharmacists of the state. Each state has jealously guarded her independence in setting internship requirements. Although the National Association of Boards of Pharmacy constantly encourages uniformity in professional requirements in order to simplify reciprocity (which is its primary responsibility) the Association was not conceived to establish national policy and must achieve its goals through continual discussions and persuasion.
2. The legal and professional requirements of a meaningful pharmacy internship program are discussed constantly. It is difficult to find a district meeting of boards and colleges or a national meeting of boards of pharmacy in which the topic of internship is not discussed. In spite of this fact, modernization of internship programs has been slow and arduous. In many cases these attempts have been thwarted by practicing pharmacists themselves, who are hesitant to break with the traditions of the past and decline to accept the responsibilities of the present.
3. While it may be argued that the schools of pharmacy have already acquired an excessive responsibility and power in determining the nature of professional education and the eligibility for licensure, the fact remains that internship training cannot be separated from the academic framework of a stu-

dent if the most meaningful educational experience is to be achieved. Therefore, schools and colleges of pharmacy have an obligation to assist in the improvement of internship programs. This does not mean that they need to direct such programs.

Present Regulations

The internship program in the State of Maryland is governed by regulations which were passed in 1953 but did not become effective until January 1, 1957. These regulations are very similar to those in effect in New Jersey, except that New Jersey requires a full year of internship after graduation as well as quarterly progress reports. These regulations were an important step forward in setting up guidelines for internship training. The following points concerning these regulations need emphasis:

- a. While one year of practical pharmacy experience is required, the regulations are mainly concerned with the four months training which must be attained subsequent to graduation.
- b. Only students who are already **enrolled** in a school or college of pharmacy may attain internship experience. This regulation was promulgated to prevent students using experience gained in high school toward their licensure requirements.
- c. The internship program is basically designed around an approved pharmacy, although the owner and responsible pharmacists in the pharmacy must signify their willingness to cooperate with the Maryland Board of Pharmacy.
- d. No routine reports on the progress of student interns are submitted by either the preceptor or the student except for the final certification. Periodic visitations by inspectors of the Board of Pharmacy are carried out but whether or not

the student is attaining the experiences as outlined in Regulation 10 seems to be based upon impressions, not on recorded evidence.

- e. Requirements for qualifying as an approved pharmacy are based on:
 1. The mean number of prescriptions compounded per year in the pharmacies in the city or county in which it is located—minimum of 5,000. (This data is available to the Board of Pharmacy, but the definition of the word "mean" would eliminate one-half or more of the pharmacies currently participating. It is doubtful that this requirement is strictly enforced at the present time.
 2. A clear record with respect to observance of all federal, state and municipal laws and ordinances by pharmacy and pharmacists involved.

Drawbacks of Present System

In spite of the good intentions of the present regulations and a conscientious attitude of the Board of Pharmacy, the system suffers from the following disadvantages:

1. The type of experience gained by a student is left too much to chance. The fact is that students who are more mature and tend to accept responsibility generally seek out and obtain good positions. On the other hand, the more retiring and unsure student tends to receive poor training.
2. Interns are hired only by those pharmacies with a need for their services. The intern then comes under the direction of the pharmacist in that store which happens to be on duty during the hours when the intern is most needed. Interns may have more than one preceptor or the preceptor may change as personnel changes are made in multi-store operations.

3. No responsibility is placed on the preceptor in terms of his duties preparatory to or during the training period or in terms of his own continuing education.
4. The fulfillment of specific requirements for internship in regards to duties and responsibilities is left too much to chance. Some sort of report should be filed by both the preceptor and the intern in regards to these duties or responsibilities.
5. The emphasis in the internship program is placed on the pharmacy and not the preceptor. A meaningful internship can only be served under a responsible preceptor who recognizes his role as teacher and purveyor of professional philosophy and ethics. A poor preceptor can have a permanently damaging effect on the morale, philosophy, ethics and capabilities of the intern, giving rise to a training experience which is much more harmful than no training at all.
6. The full year internship is unrealistic. In fact, emphasis is placed in the present system only on the four months of post-graduate training.

Proposed Changes

The following proposals are made as a starting point for the establishment of a more meaningful internship program. It is realized that implementation of such a program will require both changes in law and board regulations as well as changes in attitude by many present members of the profession. Furthermore, foresighted changes in one state may bring about complications in reciprocity of pharmacists from that state to another.

1. Shorten the length of internship to 4 months to be served either between the 4th and 5th year in college or after graduation depend-

ing upon the curriculum of the school.

2. Place the full responsibility for internship into the hands of a preceptor. Such preceptors would have to be registered with the Board of Pharmacy and should attend preceptor training courses offered jointly by the State Board and the School of Pharmacy prior to registration and periodically thereafter. Preceptors would also be expected to establish records of participation in local and state association meetings and refresher courses.
3. The establishment of a simple report procedure for both preceptor and student covering the training of the intern. Care must be taken to see that such reports are not so long and involved that they invite forgery. The length or complexity of the report depends entirely on the degree of control of the preceptors. If a responsible dedicated group of preceptors are available then the need for reports diminishes.
4. The elimination or curtailing of pay to students during their internship program. As long as an employer is paying a student wages he is going to expect that the student does what is necessary for the smooth running of his business, not what is necessary for the successful completion of his professional internship.
5. The application to the American Foundation for Pharmaceutical Education or the Public Health Service for a grant to study and implement on a trial basis a controlled internship program. The State of Maryland and the University of Maryland would offer an ideal setting for such an experiment in that the number of students are relatively small while the number of qualified preceptors is relatively large.

In addition to these proposals concerning a more meaningful internship program the following points require immediate attention:

1. The law which requires that a student must be enrolled in a school or college of pharmacy before time for internship training can be approved. This law was meant to eliminate crediting experience gained while the student was in high school and was written before the five year program and the two-three pre-professional-professional program was instituted. Students taking pre-professional pharmacy at any school other than the University of Maryland are not able to acquire such credit until the summer after their third year and are thereby unjustifiably penalized. Consideration should be given to the recommendation of the American Association of Colleges of Pharmacy Committee that experience be limited to that obtained after three years of the five year program and should be uniform for all students.
2. A review of the policy by which students cannot apply time to their internship while they are enrolled in any sort of academic program. Although this policy is a good one during the academic year, it has questionable value during the summer when students may be taking a single course to maintain normal progress in school or even completing general education requirements.
3. The wording of the employer's affidavit testifying to the internship experience. This wording "... was in my employ and received practical experience in the Prescription Department, where drugs and medicines are compounded, for a period of . . ." cannot presently be honestly signed by any employer or student as the train-

ing experience ranges over the entire pharmacy operation. In the beginning of the training, particularly during the time completed before graduation, the student may never work in the Prescription Department, but may find employment only in the tobacco, toy, photography, candy, etc., departments or as cashier. We are essentially requiring both student and preceptor to perjure themselves.

4. Immediate adoption of "Pharmacy Preceptors Guide" as a requirement for both student and preceptor. It is unfortunate that after three years there is still no systematic distribution of this guide.

There are numerous problems associated with a meaningful internship program administered within the multifaceted nature of pharmacy as it exists today. Yet, these problems must be resolved or internship programs must be dissolved. There is little argument with the fact that it is impossible to optimally prepare professional personnel solely within the academic environment. Yet, the alternative we offer students today is not keeping faith with our responsibilities. It is true that pharmacy is facing many problems and that we have too few willing and able to cope with these problems. Yet, the time has come when we must take a new look at our internship programs.

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Rx For Apathy

By SAMUEL MORRIS

Mr. Morris serves as Chairman of the Publicity Committee of the Prince Georges-Montgomery County Pharmaceutical Association; is the Associate Editor of it's "Bi County Pharmacist" and is a member of the Public Relations and Membership Committees of the Maryland Pharmaceutical Association.

Every organization faces the continuing problem of sustaining the interest and participation of all its members. Whatever an individual's motives for joining an organization, no matter how high his initial enthusiasm, it is easy for apathy to overcome exuberance unless the group is concerned with actively engaging and maintaining his interest.

Without such an effort, the organization's effective membership will dwindle down to a small core of never-say-die's who alone attend each meeting, alone carry the group along, at least officially, and who constitute a diminished organization, lacking in purpose and reason for being.

A major factor in keeping up member interest and involvement is the character of the regular business meeting. If all that a member has to look forward to is a dull evening centered around a prolonged and uninteresting business session, he is not likely to attend. Conversely, if the meeting has been carefully planned to expedite business matters and includes as the "feature attraction" an interesting program, and if an atmosphere of cordiality can prevail rather than lethargic stuffiness, then meetings will come to be eagerly anticipated and well-attended. A worthwhile meeting will bring out the present membership in force and serve as an inducement for others to join. Programs will be talked about, not forgotten. They need not always consist of topics directly related to the professional purposes of the group, but they must al-

ways be entertaining, informative, and stimulating.

What can our own organization do to improve the quality of its meetings and to encourage all our members to participate fully in our activities? What can each of us do to boost *esprit de corps* and move toward functioning as a virile professional group? The following are a few suggestions:

- Gather informally before meetings begin, making each other feel welcome. Introduce new members and guests to the group and to one another. New members and guests should particularly be presented to the officers. They should also be introduced to the assembly at the start of the formal meeting.
- Encourage all members present to participate in the order of business. Participation makes a member feel that he has something to say in his organization and that it is not being run by the executive committee alone.
- Give new members, in advance of the meeting if possible, copies of the constitution and by-laws and a list of committees with a brief description of each. The newcomer should be encouraged to join and actively participate on at least one committee.
- Plan interesting programs to either precede or follow the regular business meeting. Many Federal and local government agencies and private organizations maintain speakers' bureaus—let's use them. Speakers should be familiarized in advance with our organization and be informed of the length and type of presentation we desire. In addition to speakers, interesting films are available, often at no cost, from various sources.



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- Announce at the end of the meeting, the agenda for the next gathering, including the program.

With very little effort our organization can evolve from one in which only a few actively participate to one in which all members are fully involved. Our meetings are occasions where we should all be able to join in professional and human fellowship, discussing and working out common problems, renewing acquaintances and making new ones. Stimulating discussion, differences of opinion, and free debate are the ideals for which we should strive. Only in unity and wholeness can our organization be welded into a determined and effective group of professionals ready to further its cause, strengthened by the sheer force of numbers and common purpose.

Let us begin then, through our program committee and on our own initiative, to make our meetings a showcase of cordiality, interest, and goodwill. Let each of us work so that when our meetings are adjourned we will return home,

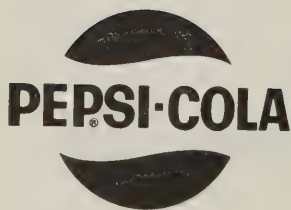
not filled with cynicism or a feeling of time wasted, but invigorated, intellectually uplifted, and filled with a new awareness of the worth of our pharmaceutical association to ourselves and to those we serve. When should we start? How about the next meeting?

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Hand Book of Non-Prescription Drugs

The 1969 edition of the American Pharmaceutical Association's *Handbook of Non-Prescription Drugs* will be published November 1. The new Handbook, will consist of 160 pages with updated text and tables of products, with hundreds of new formulas added and including both a product index as well as a manufacturer's index.

The Handbook is available at a special pre-publication price of \$4.00 per copy. Orders should be sent to: Order Desk, APhA, 2215 Constitution Ave., N.W., Washington, D.C. 20037.



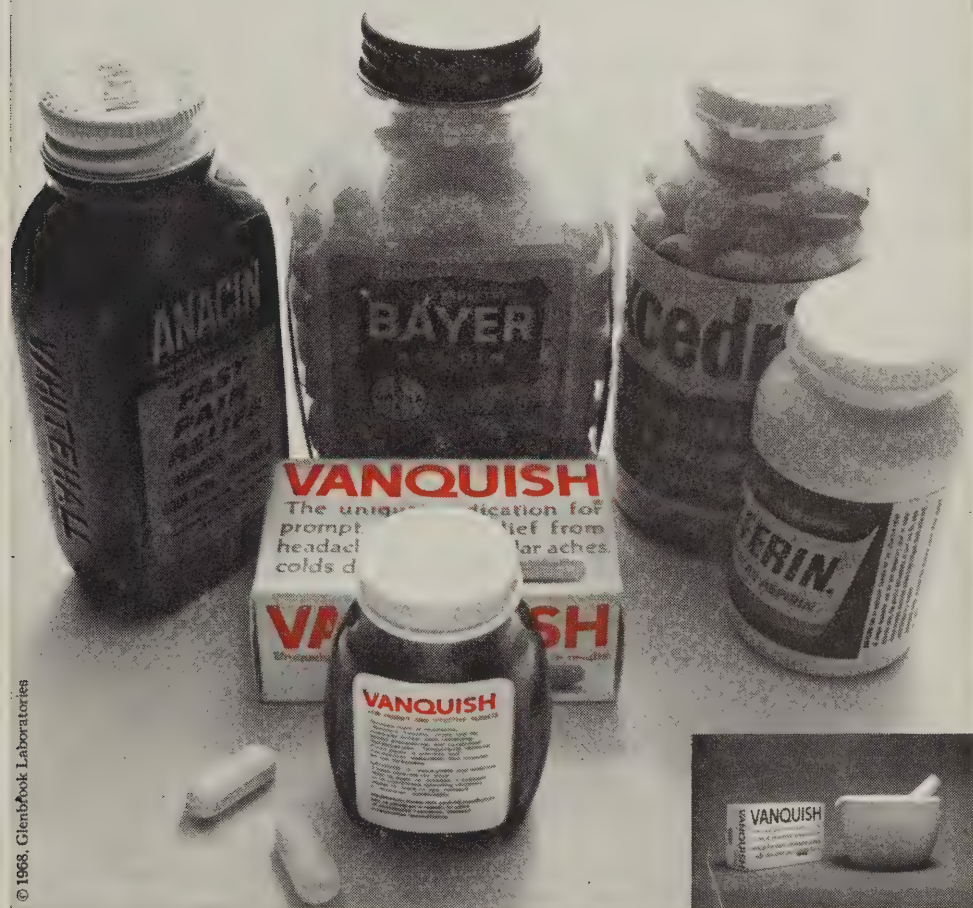
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The Metric System

Ever since 1866 when the Congress of the United States approved the use of the metric system for those who wanted to sell products by the metric measure, the United States has had two systems of weights and measures, the legalized metric system and the English system of foot and pound which has unofficial standing.

Study of System Authorized

The Congress by legislative action last July (1967) approved measures authorizing the Bureau of Standards to study the use and impact of the metric system in the United States to make it the official weights and measures system of the country.

Foundation of System

The foundation for the metric system was laid by the Flemish mathematician Simon Stevin in 1585 with his invention of the decimal point along with his decimal system of measurement. More than 200 years passed before 12 members of the French Academy of Sciences were named to set up a new decimal system based on the natural world. The meter was defined as one ten-millionth of the distance between the equator to the pole. Replacing a platinum-iridium bar kept in an air conditioned vault near Paris is the wave length of orange-red light given off by the element Krypton 86. Scientific laboratories throughout the globe can measure the meter with greater accuracy through the use of the new measuring method.

Major Conversion Countries

With Britain undergoing conversion to the metric system due to be completed by 1975, only the United States and Canada remain as the major countries using the imperial system of weights and measures.

Pharmaceutically, the change to the use of the metric system has been pronounced and we in pharmacy have been accustomed to its use.

The Packaged Disaster Hospital

By JEROME BLOCK

Chairman Civil Defense & Disaster Survival Committee.

A PDH consists of hospital supplies, equipment and pharmaceuticals packaged for long term storage. In disaster it can expand an existing hospital's facilities or be set up as a separate 200-bed hospital and be manned by members of community having this facility.

This unit consists of the following sections: receiving and sorting (triage), operating rooms, wards, central sterile supply, pharmacy, laboratory, x-ray and general stores. Generators, water tank and pump allow for self-sufficiency. IT IS IMPORTANT THAT THOSE WHO MIGHT ASSUME RESPONSIBILITY FOR OPERATING THESE SECTIONS BE THOROUGHLY FAMILIAR WITH THEIR SETTING-UP AND OPERATION if hospital is to function efficiently during flood, hurricane, earthquake, fire or any major catastrophic up to and including nuclear disaster, where local hospitals cannot handle injuries.

The pharmacy section is responsible for storage, control distribution, labeling and dispensing of all drugs, chemicals and pharmaceutical preparations in the PDH. At least one medication exists in each essential therapeutic category—analgesics, sedatives, anti-infectives, stimulants, antispasmodics, antihistaminics, ophthalmic medications, and large volume intravenous and resuscitative fluids. Most drugs are ready to use with a minimum of compounding required. However, the uncertainty of replenished supplies may tax a pharmacist's ingenuity and require some compounding skills to obtain desired dosage units.

The need for a single measuring system in world wide use is essential to many authorities in order to strengthen our foreign trade.

INDEX TO ADVERTISERS

Firms advertising in THE MARYLAND PHARMACIST, the official publication of the Maryland Pharmaceutical Association, your state association, merit your consideration, your good will and your support and cooperation.

Let our advertiser's representative know that you saw their advertisement in THE MARYLAND PHARMACIST as they call on you. A letter to the home office could prove very helpful in maintaining an advertising contract. A word of solicitation or a request for support to representatives of firms not advertising, may result in obtaining additional advertisements.

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Upjohn

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Tell them you saw it in "The Maryland Pharmacist"

The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume XLIV

OCTOBER, 1968

No. 1

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The views expressed in The Maryland Pharmacist signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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Editorial

APhA and NARD Together!

The best news in pharmacy in a long time was the announcement of joint action by leaders of the American Pharmaceutical Association and the National Association of Retail Druggists.

For years we have been urging that the profession of pharmacy can only be advanced by the development of a strong, unified front on national, state and local levels. Pharmacy faced by big government, big industry, big labor, big professional and trade associations in the health, merchandising and other industries—all well organized and well financed—has been bent on a self-destructive course. It has been just plain suicidal, both professionally and economically, for pharmacists and their organizations to engage in internecine warfare. We could almost say, as so often happens, that our internal enemies (our friends?) have been greater obstacles to the realization of pharmacy's goals and true interests than our recognized adversaries.

Well now we have seen that the deplorable action of the Pharmaceutical Manufacturers' Association in focusing attention upon the pharmacists' charges for prescriptions has brought about a meeting of APhA and NARD leaders. The PMA suggestion to the federal government that pharmacists advertise prescription prices to the public and that legal bans to such acts be eliminated has produced a united front by the two major national organizations in pharmacy.

We believe that although the PMA statement proved to be the critical issue for the joint meeting, the readiness to meet was the result of the pressure from many groups and individuals who have spoken out for unified action over many years. The MPhA has been a leader in encouraging and urging cooperative efforts. In fact, the MPhA Annual Convention of 1964 was perhaps historic in scheduling both APhA Executive Director, William S. Apple and Executive Secretary, Willard B. Simmonds on the platform at the same time on a single program.

Furthermore, the increasing dissatisfaction with the lack of opportunity for members to participate in decision making and elections in the NARD was apparent at the 1968 NARD Convention. For the first time, according to observers, criticism was raised at the NARD luncheon for association executives. According to the press, the remarks of the MPhA Executive Secretary on that occasion in which he spoke out against the attacks by officers of the NARD against the APhA contributed to a re-evaluation of the NARD attitude on the part of some of their leaders. He asserted that the officers' references to APhA were not constructive statements for the profession of pharmacy. Other association executives also voiced concern about the NARD statements and undemocratic procedures.

Now, then, is the time to close the divisive, destructive chapters of NARD-APhA relations of the past.

Both the APhA and NARD have important, indispensable functions for their members. Machinery must be developed for coordinating their efforts, and avoiding duplication. Pharmacy cannot afford competition between these groups, but must insist on cooperation.

There must be opportunities for representatives to privately discuss differences, develop positions for the common good and work together to achieve mutual goals of an effective profession helping bring better health to all citizens.

APhA and NARD must be so structured as to enable their members to participate to the greatest feasible extent in policy making, nominations and elections. APhA has shown itself responsive to modern conditions by instituting its Reference Committee procedures. As a result of criticism, the APhA has called a special meeting of its House of Delegates to consider revision of its procedures.

It is now the turn for the NARD to revamp its archaic, outmoded organizational structure. All of us wish the NARD well and trust that for the benefits of its members, all of us in pharmacy and the public it serves that the necessary action will be initiated promptly. We believe that there are many capable, sincere and dedicated pharmacists in the NARD. If they will it, a NARD geared for contemporary and future needs will be a reality.

Make Plans Now—Attend

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JULY 13-17, 1969

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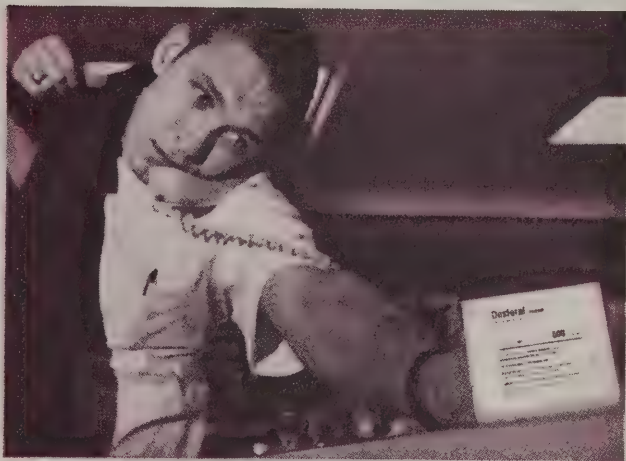
Philadelphia — Trenton — Wilmington

Serious trouble ahead

You've warned your customers to keep iron preparations out of the reach of children, but a determined child can reach awfully high if she wants something badly enough. If she succeeds, there's apt to be serious trouble ahead. Acute iron intoxication is often fatal.



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New from CIBA

Desferal[®] mesylate
(deferoxamine mesylate)

Important adjunctive therapy for acute iron intoxication

You've got to hurry. Treatment must be immediate and decisive. Along with the standard therapeutic measures, Desferal will be the physician's likely choice since it is the only chelating agent *specific* for iron. If that's reason enough for a doctor to prescribe it, then it's certainly reason enough for you to stock it.

Acute iron intoxication isn't that frequent — thank goodness — so Desferal will never be a big seller. Yet, because the consequences of iron poisoning are so dreadful, especially to children, CIBA has channeled its energy and resources to make this unique product available to the medical community at the lowest practical cost. In this respect, CIBA shares a common ideal with all who make quality pharmaceuticals, all who prescribe them, and all who dispense them — to save even one human life, no effort is too great.

See following page for complete prescribing information.

Introducing

Desferal[®] mesylate (deferroxamine mesylate)

The only specific iron-chelating agent

INDICATIONS: To facilitate the removal of iron in the treatment of acute iron intoxication. Desferal is an adjunct to, and not a substitute for, standard measures generally used in treating acute iron intoxication which may include the following: 1. Induction of emesis with syrup of ipecac. 2. Gastric lavage. 3. Suction and maintenance of clear airway. 4. Control of shock with intravenous fluids, blood, oxygen, and vasopressors. 5. Correction of acidosis.

CONTRAINDICATIONS: Desferal is contraindicated in patients with severe renal disease or anuria, since the drug and the chelate which it forms with iron are excreted primarily by the kidney.

WARNINGS: Long-term administration to dogs has produced cataracts. Cataracts have been observed in three patients who received the drug over prolonged periods in the treatment of chronic iron storage diseases. Slit lamp examinations performed in a few patients treated with Desferal for acute iron intoxication have not revealed cataracts.

PRECAUTIONS: Flushing of the skin, urticaria, hypotension, and even shock have occurred in a few patients when Desferal has been administered by rapid intravenous injection. To avoid these reactions, DESFERAL SHOULD BE GIVEN INTRAMUSCULARLY OR BY SLOW INTRAVENOUS INFUSION.

ADVERSE REACTIONS: Occasionally, pain and induration at the site of injection have been reported. Side effects reported in patients treated for acute iron intoxication include generalized erythema, urticaria, and hypotension, which occurred with rapid intravenous injection. Adverse effects reported in patients receiving long-term therapy for chronic iron storage diseases include allergic-type reactions (cutaneous wheal formation, generalized itching, rash, anaphylactic reaction), blurring of vision, abdominal discomfort, diarrhea, leg cramps, tachycardia, and fever. These reactions might also occur in an occasional patient treated for acute iron intoxication.

DOSAGE AND ADMINISTRATION: Since little of the drug is absorbed when administered orally, it is necessary to administer Desferal parenterally to chelate the iron that has been absorbed. **Intramuscular Administration:** This is the preferred route of administration. It should be used for ALL PATIENTS NOT IN SHOCK. **Dose:** One Gm should be administered initially. This may be followed by 0.5 Gm every four hours for two doses. Depending upon the clinical response, subsequent doses of 0.5 Gm may be administered every four to twelve hours. The total amount administered should not exceed 6 Gm in twenty-four hours. **Preparation of Solution for Intramuscular Administration:** Dissolve the Desferal by adding 2 ml sterile water for injection to each ampul. Make sure that solution is complete and then withdraw the drug and administer intramuscularly. **Intravenous Administration:** This route should be used ONLY FOR PATIENTS IN A STATE OF CARDIOVASCULAR COLLAPSE and then ONLY BY SLOW INFUSION. THE RATE OF INFUSION SHOULD NOT EXCEED 15 mg/kg/hour. **Dose:** An initial dose of 1 Gm should be administered at a rate NOT TO EXCEED 15 mg/kg/hour. This may be followed by 0.5 Gm every four hours for two doses. Depending upon the clinical response, subsequent doses of 0.5 Gm may be administered every four to twelve hours. The total amount administered should not exceed 6 Gm in twenty-four hours. As soon as the clinical condition of the patient permits, intravenous administration should be discontinued and the drug administered intramuscularly. Concurrent intramuscular and intravenous administration should be avoided. In any case, the total amount administered in 24 hours should not exceed 6 Gm. **Preparation of Solution for Intravenous Administration:** Dissolve the Desferal by adding 2 ml sterile water for injection to each ampul. Make sure that solution is complete and then withdraw the drug and add to physiologic saline, glucose in water, or Ringer's lactate solutions and administer at a rate NOT TO EXCEED 15 mg/kg/hour. **Note:** Desferal reconstituted with sterile water may be stored under sterile conditions at room temperature for not longer than two weeks.

SUPPLIED: Ampuls, 5 ml, each containing 500 mg lyophilized deferroxamine mesylate sterile, for INTRAMUSCULAR OR INTRAVENOUS administration; cartons of 4.

CIBA Pharmaceutical Company, Summit, New Jersey 07901

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President's Message

My Fellow Pharmacists:

Our disappointment with the Governor's total lack of understanding of pharmacy problems only strengthens our resolve that this type of political ploy shall not happen again.

We must build a strong organization so that our voice will be heard and respected. Let politicians, in the future, take us for granted at their peril.

It is most gratifying to learn of the success and acceptance of the Continuing Education Course sponsored by the School of Pharmacy and your Association. Much credit is due the faculty of the School. It is hoped that this program can be carried to all corners of the State in the very near future.

Our meeting at Frederick was a fine one. The speakers were good and informative. My wife also informs me that the Ladies Program was an exceptionally fine one.

Again urge your friends to become members. Those who are members are the ones who care about their profession.

SAMUEL WERTHEIMER
President

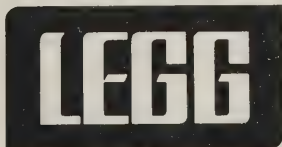
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Baltimore Metropolitan Pharmaceutical Association

President's Message . . .

With each step another barrier falls.

Your Association has taken two giant steps this fall that will do more to prepare us for the future than anything that has happened in the past ten years. We have opened active (voting) membership to all pharmacists and have cleared the way for the introduction of reciprocal membership and dues structure with Maryland Pharmaceutical Association. These changes will streamline our Ship of State and launch us on the wave of the future.

The details of the reciprocal agreement have yet to be worked out, but you will be notified as to the progress in the very near future.

At the recent Convention of the NARD, much criticism was heaped on NARD for some of the practices followed at this Convention. I am delighted to report that just a few short weeks following this Convention, a joint news release was forwarded from NARD and APhA regarding PMA's attitude re advertising prescription services and prices. This bears out the prevalent feeling that there are greater areas of agreement than disagreement between our two national associations. Call it what you may (One Voice?), it is most important that Pharmacy's problems be thrashed out in committee—and a common ground be found on which to base our positions. Pharmacy leaders must learn to develop common positions prior to going to legislators with stands on issues. The time for narrow parochialism is long past. I, for one, care not whether a position we take is labelled NARD or APhA. What is important is that it is PHARMACY'S position.

PMA's recommendation regarding the advertising of prescription prices to the general public is reprehensible. It is a reaction to criticism in some quarters of the "high prices" of the pharmaceutical industry and an effort to place the blame for such high prices on the pharmacists of the nation. Everyone knowledgeable with the economics of community pharmacy knows that, if there is a problem regarding high prescription prices, the "culprit" is not the community pharmacists. An examination of the Lily digest and any other reliable yardstick will show that pharmacists as a whole are underpaid—and certainly are not in the top economic brackets that such a recommendation would infer.

Advertising prescription prices, would not only permit merchandising of the product of the prescription—but would short-change the consumer—the guy who has to be protected in this area in which he does not know, in most instances, what he is "buying." Merchandising methods are the last thing that a consumer wants in the critical area of health. Techniques of the battle-wise merchant have no place in the profession of pharmacy. Where quality is essential, where service and care are demanded—the inference of professional superiority and the screaming headline "look, we're having a sale on tetracycline this week"—just does not fit in with the interest of the public.

Thinking, rational people recognize the action taken by PMA for what it is—a diversionary tactic to take the "heat" off of them. They are the ones that have to refute the charges of "the highest percentage of net profit after taxes of any industry in the United States." PMA . . . refute these charges with the facts . . . But, please resist the smoke screen of advertising Rx prices.

This won't work!

DONALD O. FEDDER,
President

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Secretary's Script ...

A Message from the Executive Secretary

Continuing Education

All of us who have recognized the need for life-long continuing education as health professionals have been gratified at the response to the first Continuing Education Program for pharmacists in Maryland. Ninety-six pharmacists enrolled in the five-evening course.

This long-overdue program, co-sponsored by the MPhA and the University of Maryland, School of Pharmacy, was on the timely subject of "The Pharmacist's Responsibility in the Evaluation of Drug Quality."

Continuing Education Committee Chairman, Paul Freiman, nurtured the idea for many years. Together with Dean William J. Kinnard, Jr., who joined in enthusiastically with a dedicated committee from the faculty and MPhA, an excellent program was developed and executed. The interest and good attendance attested to both the educational need and the high quality of performance by the lecturers.

We are confident that with the demonstrated response from pharmacists to the concept of continuing education that both the MPhA and the School of Pharmacy will sponsor many more educational opportunities in the coming months and years.

Commendation is due all who worked for the success of this project.

Medicaid

Because of a negative response from State budgetary and executive branches, the MPhA, at its Fall Regional Meeting recommended that pharmacists take steps to encourage limitation on the

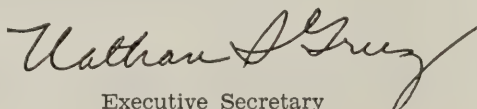
cost of ingredients in Medicaid prescriptions when possible. Such an action is intended to reduce the amount of money outstanding to pharmacists at any given time. In view of the long delay in payments and the burdensome record-keeping resulting from partial payment of invoices, pharmacists had no choice in face of an inadequate professional fee.

Of course, MPhA has stressed that at no time should an eligible person be denied medication. In particular, antibiotics and other life-saving drugs are exceptions to the limitation recommendation. Naturally the prescribing physician will continue to make the judgment as to the amount of drug required. It is hoped that the previous fee will be re-instated promptly so that pharmacists will not have to encourage physicians to limit the quantity of medication.

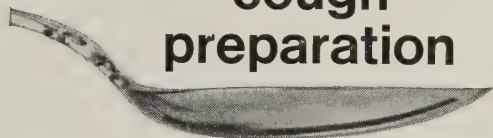
Decisions will have to be made by the Governor, the General Assembly and the taxpayers as to the priorities in the budget. What services must come first? How much money will it take? How will the necessary funds be raised?

Easy questions, but tough answers to be decided this winter in Annapolis and by citizens throughout the State. In addition, with federal funds involved in Medicaid the new administration in Washington, the new Congress and citizens everywhere will have a part in decisions as to the what and how of health programs for the poor and needy.

Sincerely,


Executive Secretary

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pleasant-tasting
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Packaging: Bottles of 2 oz., 4 oz., 16 oz., and 1 gallon.

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Samuel L. Fox, M.D.*

Some Facts About Cholesterol

We are told that coronary heart disease, stroke, and hypertension are all on the increase in our population. Equally important, they appear to be related. As a result the United States Government is now engaged in spending millions of dollars in support of research in these areas. The one recurring argument in all of this stems from the role which cholesterol plays in these killing diseases.

I would not be so presumptuous as to say that I can give you the answer, but some facts are rather well established and generally accepted. Much of what was purported to be "fact" only a few years ago is now known to be more "fancy" than "fact." It is difficult for those involved in this problem to keep a clear line of demarcation between the two, hence the widespread confusion which exists.

Dietary Factor

It has been known for many years that nations whose dietary habits avoided the use of large quantities of fats

seemed to have a lesser incidence of coronary heart disease than nations with large fat consumptions. In addition, those peoples who do considerable physical labor and tend to eat sparsely seemed particularly "immune" to coronary heart disease. More recent work tends to dispute this as a principle to be accepted without variation, since nations who meet the requirements of low fat intake sometimes show high incidences of stroke and hypertension. The emphasis seems to a shift of the arteriosclerosis from the coronary vessels to the peripheral vessels. So the whole matter of diet is not resolved.

To add to the confusion, the concept was developed that saturated fats were harmful as opposed to the unsaturated fats, which are considered less harmful or safe. And then the cholesterol blood levels became a matter of great debate. Some held that only the cholesterol level in the blood was important; others felt the total lipids in the blood was the more important determination. Later the calculation of triglycerides in the blood was held to be important as well. Now, the concept is being introduced of electrophoretic analysis to determine the lipid fractions and this appears to offer the first rational method of analysis as related to disease processes.

Recent work by Frederickson, Levy and Lees of the National Heart Institute indicates that making a diagnosis of hypercholesterolemia is like lumping chicken pox, mumps and measles into one common communicable, infectious disease. They have pointed out that there are at least five different lipid-transport disorders which are indicated by high cholesterol or triglyceride levels. Each disorder has specific symptoms, prognosis and responsiveness to treatment. All can be diagnosed quickly by a new standard laboratory technique which should be available in most up-to-date clinical laboratories.

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

New Diagnostic Test

The principle of the new diagnostic test is the identification and classification of excessive blood lipid levels on the basis of lipoprotein patterns. It has been found that cholesterol, triglycerides, and other lipids do not travel free in the circulation but are attached and bound to specific proteins. By checking the patterns of the transporting proteins by electrophoresis, specific transport disorders can be recognized. The method is fairly simple. A sample of the patient's serum is spotted on a paper strip and placed in an electrophoretic cell containing an albumin buffer solution. The electric field set up in the solution causes the lipoproteins to migrate along the paper strip at rates proportional to their electrical charge, and in a short time this migration results in several discrete lipoprotein bands. Four such basic groups of lipoproteins have been found to be clinically and physiologically significant. The density and size of the bands on the paper indicate the normal or abnormal levels of the lipoproteins.

Abnormal Lipoprotein

It has been found also that the treatment for each of the varieties of abnormal lipoprotein transport is differ-

ent. In some instances a low fat diet alone is sufficient to reverse the abnormality and provide clinical relief of symptoms. Drugs are not helpful in this type, as the disorder is probably due to an inherited deficiency of lipase. In others, there is a strong hereditary factor and an apparent association with hypothyroidism (in many cases). Low-cholesterol diets and cholesterol lowering drugs offer the best hope in these cases, if diagnosed early, of avoiding early attacks of coronary thrombosis. In at least one type of hypercholesterolemia, there appears to be an association with poor sugar metabolism, so that the prescribed regimen includes a high-fat, low carbohydrate diet with emphasis on weight reduction.

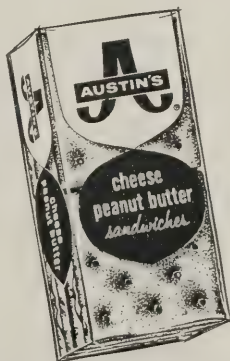
Separate The Cases

It is apparent why so many of you have dispensed so many thousands of tablets and emulsions which have had such erratic effects in patients with high blood cholesterol levels. Lumping all of the cases together makes rational therapy impossible. Physicians are now learning to separate the cases into these various categories, and therapy will differ for each group. Hopefully, the results will be better in the future.

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President's Address

MILTON A. FRIEDMAN

86th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

Atlantic City — July 8-11, 1968

"July 20, 1967 — Tamiment-in-the-Pocos: 85th Annual Convention of the Maryland Pharmaceutical Association. I am elected President, and will be installed tonight at the Banquet.

"July 20, 1967—the Banquet was gay, well-attended and a happy occasion for me. I am warned my troubles are just beginning.

"July 21, 1967—Arrived back home to find many letters and telegrams of congratulations from friends, and my photo appeared in *The Evening Sun* with a short story.

"August 31, 1967—This has been a busy month for me. I never knew how hard it would be to get all the committees filled with active workers. In spite of the many successes of my predecessors, they did not adequately warn me of the size of the inheritance they left to me—all problems and few funds!"

. . . Thus speaks my Diary.

Immediately upon taking office I found our Association confronted with several major as—yet—unsolved problems. The first was the publication of our MARYLAND PHARMACIST and our PROCEEDINGS.

I feel that my efforts have been well rewarded and that the MARYLAND PHARMACIST has been restored to its previous high standing among state journals of pharmacy.

A second problem which confronted me from the very beginning of my term was the lack of organization and the lack of adequate personnel in our office. We have struggled this entire year with this problem. I am happy to report that it appears that our Executive Secretary now has a more adequate staff and we are functioning more

smoothly now. This is not to say that all of our problems are solved. Much additional thought is needed and additional reorganization will probably be necessary. But we have made a start in this direction, and I am happy to bequeath to my successor this unfinished business.

O.E.O. Center

The largest problem to confront me was the specter of the Office of Economic Opportunity (OEO) with its program which could put many of our members out of business. Early in the fall of 1967, we were confronted with a threat to our very existence by this Goliath of government, the OEO, which could possibly overwhelm all existing private enterprise and institute a government-sponsored program which would literally push the retail pharmacy into the discard. The battle has been a hard one—the opponents have been unmovable, for the most part—and our efforts had to be carried on under the handicaps of limited funds and a paucity of dedicated supporters. We are most grateful to those who assisted us in this very long and hard struggle. Thomas J. D'Alesandro, III, the Mayor of Baltimore, and William Donald Schaefer, President of the City Council of Baltimore, deserve our undying gratitude for their genuine interest and their active participation in our behalf, and we wish to publicly express our thanks to them.

The members of the Executive Committee have devoted many hours of their time, both in Baltimore and in our nation's capital, to fight the inequities of the OEO program as they affect the neighborhood pharmacist. It was and is my determination that we must fight the bureaucracy of this govern-

mental agency, which could deny us our right to an honest livelihood under the pretext of serving the poor. Instead, a new class of impoverished small neighborhood pharmacists could well be created. I am proud and happy beyond expression that it was my lot to lead this fight against the OEO. The results will be felt nation-wide and pharmacists throughout the United States will be indebted to our Maryland Pharmaceutical Association for its valiant and courageous battle.

Legislative Efforts

Let me again warn all of you—the battle is not yet concluded—total victory is not yet ours. You must remain vigilant and you must keep up the fight, each and every one of you. The officers cannot do it alone. Before leaving this point, I wish to acknowledge several members whose efforts and time in our behalf deserve special commendation. I refer to Donald O. Fedder, President of the Baltimore Metropolitan Pharmaceutical Association, Gordon A. Mouat, Louis Taich, Harold M. Goldfeder and Scott Grauel. Mr. Joseph S. Kaufman, our legal counsel, made an eloquent presentation on our behalf before the Dingell Committee of the House of Representatives; and our Executive Secretary, Nathan Gruz, has been untiring in his preparation and presentation of all the many materials needed to meet this challenge to us by the OEO. The details of the many meetings, agreements and policies which were involved are too numerous to list at this time.

More than 2000 bills were introduced in the recent session of the Maryland Legislature. Each of these had to be studied by our Legislative Committee, under the Chairmanship of Bernard Lachman, to be sure of the effect which these might have on Pharmacy in our State. Your Officers and your Legislative Committee Chairman spent many hours attending meetings in Baltimore and Annapolis in order to protect our interests and the interests of the pub-

lic we serve. I believe our efforts were rewarded: no bill really detrimental to the practice of our profession was enacted into law. The membership cannot possibly realize how much of the Executive Secretary's time and efforts go into these legislative functions. There is little wonder that other business sometimes gets pushed aside when he is pressured by the legislative activities.

Swain Seminar

The regular activities of MPhA proceeded on schedule, for the most part. The Robert L. Swain Seminar was well planned by Paul Freiman and his committee. The program was of unusual interest and Mr. Freiman is to be congratulated for planning and executing it in so professional a manner.

The Committee on Continuing Education, also chaired by Paul Freiman, has evolved a workable program which will be initiated this fall. This will involve a close working relationship with the School of Pharmacy, which has always been so cooperative. Dr. Peter Lamy and Dr. Ralph Shengraw have rendered valuable assistance in planning the first program.

School of Pharmacy

At this time, I want to express my appreciation, and that of the Association, to Dean Noel E. Foss for his cooperation and his many acts of kindness throughout the year. I also wish to extend a cordial welcome and best wishes to Dr. William J. Kinnard, Jr., the newly appointed Dean of the School of Pharmacy. We look forward to many years of further close association with him and the Faculty of the School of Pharmacy.

The Simon Solomon Economic Seminar was cancelled because of an unexpected snowstorm and, unfortunately, could not be re-scheduled before the close of the year. This was a real loss to our programming. I sincerely hope that the Seminar planned for next year will be bigger and better than ever to make up for this year's loss.

Although the Robert L. Swain Model Pharmacy was dedicated last year, I regret to say that previous administrations neglected to meet our financial obligations to this project. Therefore, a considerable sum remains unpaid. This has been a source of embarrassment to me. I sincerely trust that my successor, the Executive Secretary and our Legal Counsel will now give this a high priority and clear up this unfortunate embarrassment to our Association.

Code of Cooperation

I am happy to report that the final draft was issued of the "Physician/Pharmacist Code of Cooperation." This code of ethics had been formulated by joint action of our Professional Relations Committee, under the Chairmanship of Wilfred H. Gluckstern, and a similar committee from the Medical and Chirurgical Faculty of Maryland. Our Executive Committee approved this Code on October 12, 1967 and the House of Delegates of the Med-Chi approved it in September 1967. This is a real milestone in our always-good relations with the State Medical Society.

Under the leadership of Wilfred H. Gluckstern, the Professional Relations Committee evolved a new format for the Diabetic Detection Week Program which is co-sponsored by the MPhA and the Medical and Chirurgical Faculty. This year the neighborhood pharmacists served as pick-up and testing stations, and our Association played an integral part in the handling of these materials. The greater involvement of the neighborhood pharmacist served to improve the professional image of the pharmacist.

Because of the many heavy tasks which befell us, I organized a President's Advisory Committee, consisting of Harold M. Goldfeder, Morris R. Yaffe, Norman J. Levin, Frank Block, Gordon A. Mouat and Victor H. Morgenroth (Chairman). This committee served with great distinction. It re-

viewed with me the problems of our office and staff organization, and the publication of The Maryland Pharmacist. It made valuable contributions towards the solutions of these knotty problems. I would urge that the President's Advisory Committee become a permanent committee of our organization.

Health and Welfare

I cannot give a resume and acknowledgement of the work of each committee without making this report unduly lengthy. All of our committees functioned well and all deserve our thanks. However, there are several committees which did outstanding service. The Health and Welfare Committee, under the Chairmanship of Donald O. Fedder, worked untiringly on our OEO problems. Our representatives on the Medical Assistance Advisory Committee, Donald O. Fedder and Gordon A. Mouat, kept us constantly abreast of all the information concerning the welfare programs in the State of Maryland. The Public Relations Committee, under the enthusiastic chairmanship of Charles Spigelmire, continued its outstanding work on behalf of Pharmacy and kept all of us informed throughout the year. In addition, its entry in the A.Ph.A. Public Education Awards Competition received an Honorable Mention award. To all who have worked: "thanks for a job well done."

To Samuel Wertheimer, our genial and efficient general chairman for this 86th Annual Convention of the MPhA, I wish to express my sincere gratitude and thanks. The program is full, its content is meaningful and pertinent to our needs, and the entire family has been accounted for in the arrangements. Every member who attends will go away enriched and refreshed as a result of the long hours of labor by this committee and its chairman. This is yet another proof that the membership has acted wisely in selecting Sam

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Wertheimer as the next President of the MPhA.

It has been a source of personal gratification to me that members of the MPhA have distinguished themselves nationally during the period of my administration. Victor Morgenroth was elected First Vice President of the American Pharmaceutical Association at its recent convention in Miami Beach. Our congratulations and best wishes to Vic Morgenroth on this signal honor. We are all proud to number Vic among us.

President's Activities

I had the privilege and pleasure to represent the MPhA at the NARD National Convention in Houston, Texas in November 1967, and at the American Pharmaceutical Association Annual Convention in Florida in May 1968. At the NARD meeting I was privileged to speak about our OEO problems in Maryland and to tell of the steps we had taken to combat some of the OEO programming. At the APHA meeting, I served on the Professional Relations Committee and participated in its deliberations.

We must find ways to channel our public statements and we must make sure that our position is clear and well understood before anyone gives any press releases. Otherwise, the opinions of an individual will be misrepresented by the news media as the official position of the Association with continuing damage to our cause.

Financial Structure

Another item for early consideration by the new Executive Committee must be our financial structure. It is disheartening to me to learn from the Auditing Committee, headed by Charles E. Spigelmire, that we are again closing the year with a deficit, in fact a greater deficit than during the previous year. We cannot continue to operate a deficit budget and dip into our meager reserves for operating expenses. It is incumbent upon the new officers and

Executive Committee to make whatever adjustments are necessary to pare our expenditures to fit our income. This will probably mean that we must eliminate some positions from our organization, no matter how desirable they may be. In addition, we may have to curtail some programming, until we can raise additional funds on an annual basis to bolster our budget. I shall do all that I can to assist the new President in effecting these changes. Surgeons have long known that one must sometimes remove a part of the body in order to save the whole body. We now need some radical surgery in order to preserve the very integrity of the MPhA.

Membership

A source of constant disappointment to me is the small membership of the MPhA. With about 2,000 potential members in our State, we are only able to attract to our membership rolls approximately 50% of these men and women of Pharmacy. This is unfortunate, both for the Association and for the unaffiliated. Both lose much. I sincerely hope that a concerted effort will be made by future membership committees to improve this condition. A new approach will be needed, obviously, to induce the unaffiliated to join our ranks. Each member of the MPhA will have to consider himself a member of the membership committee and use his personal efforts to recruit the unaffiliated of his acquaintanceship. We must all become ambassadors of good will, boosting our Association and its programs, and telling of its accomplishments.

I suppose that our administration will forever be remembered for two things which occurred in my year of service as your President: the Baltimore riots in the Spring of 1968, and the new dues structure which was approved by the Executive Committee last fall. Although the dues were increased substantially, the new dues

structure is eminently fair. The average member cannot conceive of the amount of work and the number of people who are involved in our constant efforts to maintain Pharmacy at its high level status. The cost of guarding our rights and our interests is but one of the ever-increasing expenses which the MPhA must meet. Compared to other professions, and even our own profession in other states, our dues are nominal. We reap a high return for each dollar we spend. We cannot function without funds, and even the new dues structure will be inadequate unless we have full support from the Pharmacists of this State.

National Recognition

As I conclude this report, I do so with a grateful heart to all of you for the privilege of serving as President of this great Association during the past year. I am also happy for the several accomplishments of my regime and for the national recognition we gained for our efforts on behalf of Pharmacy in

our State. My only regret is that I seem to have aged many years during the past twelve months! I can truthfully attribute this to my activities on behalf of the Association, as I have had no time for personal dissipation.

I know that there is much that has been left undone or unfinished. I can only plead lack of time. There are also numerous programs which were initiated by me and which will wither on the vine unless nourished by succeeding administrations. For these, I plead for your interest and help.

In closing, I would call the attention of my successor to the words of Ecclesiastes (1:4):

"One generation passeth away, and another generation cometh; but the earth abideth forever."

I would paraphrase these words as follows:

"One administration passeth, and another administration cometh; but the Association **must** be made to endure forever."



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Report of the Executive Secretary

NATHAN I. GRUZ

86th ANNUAL CONVENTION — July 8, 1968

Shelburne Hotel, Atlantic City, New Jersey

Mr. President, Honored Guests, Fellow Members, Ladies and Gentlemen:

This Convention marks the seventh at which I am privileged to present this report as your Executive Secretary. It seems that more has happened during the past twelve months than during the preceding six years.

What has crystallized is this—the nature of the system of delivering health care rapidly moving from under the control of strictly health professionals (particularly physicians), into the hands of governmental, institutional and lay forces.

Paradoxically, this development has come just when there are many signs of greater professional recognition of the great untapped potential of pharmacy to contribute to better health care.

Never before in our time was the road to the utilization of pharmacists as full time health professionals closer to being a possibility.

Emphasize Professional Services

But what has been the experience of more and more pharmacists throughout the country and here in Maryland? Many pharmacists have taken advantage of the opportunities created by more people seeking good health care in order to emphasize professional services and products and to de-emphasize non-health related merchandise. These pharmacists have enjoyed the solid benefits that accrue from a growing prescription practice and sale of health related items, which become a constantly increasing percentage of pharmacy's total income.

The result has been greater professional recognition, excellent financial rewards and the inner satisfaction that comes from contributing personalized

health care and utilizing the special background and education that a person has.

Let me briefly review some items in the news that illustrate my comments.

Federal Health Services

President Johnson last month announced the reorganization of Federal Health services. Under the Secretary of Health, Education and Welfare, Wilbur J. Cohen, there will be established an Under Secretary for Health and Science, with the Surgeon General of the Public Health Service as his deputy. Under them has been created three major divisions that together constitute the Health Service.

One is the National Institute of Health. The second is the new Health Services and Mental Health Administration embracing all Government agencies that give health care to individuals.

Included is the supervision of the regional medical programs of research in heart disease, cancer and stroke.

The third division is the Consumer Protection and Environmental Health Service. This was formed to deal with health hazards in the natural environment, at places of work and in consumer products, including drugs (under the Food and Drug Administration).

Health Policy Coordination

HEW Secretary Cohen under this plan becomes the principal Federal official in health policy with authority to coordinate the often conflicting health projects of different agencies such as the Department of Defense, the Veterans Administration and the Office of Economic Opportunity (OEO).

In this capacity, Mr. Cohen will head an inter-departmental health policy council to assess the nation's health needs and to measure the usefulness of

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various policies. These developments in an incredibly short time will have a major impact on pharmacy that will dwarf the small pilot OEO Comprehensive Neighborhood Health Center Program.

In his health message in March, the President requested legislation authorizing the Secretary of HEW to establish a reasonable cost range to govern reimbursement for drugs under Medicare, Medicaid and the Maternal and Child Health Programs. He also recommended publication of a United States Compendium of Drugs.

"Partnership For Health"

The President asked for more funds for the "Partnership for Health" Program (Public Law 89-749). This is for comprehensive health planning and services. It seeks to support state and local efforts in identifying the health needs of each state and city, to mobilize the resources of the state to meet those needs and to determine what additional resources, facilities, equipment and manpower are required.

In Maryland this effort is under a six-man committee headed by Governor Agnew. A seventy-two member advisory council has been appointed. Pharmacy is represented by two MPhA members; our veteran in medical care programs, Gordon Mouat, and E. Robert Feroli.

The President's Commission appointed to make a comprehensive study of health manpower and medical care concluded in November:

"If the needs for health care are to be met, the health care system must be organized to employ its resources with more wisdom and effectiveness."

In addition there are other governmental programs such as the Model Cities, which will involve health services.

In Baltimore, under a grant from the Ford Foundations, The Johns Hopkins University established a Home-

wood Community Project to study the area and develop the means for preventing spread of neighborhood blight. We were contacted by the Baltimore City Health Department to recommend a pharmacist to serve on a committee concerned with health matters.

Professional Recognition

There are other signs of increasing professional recognition of pharmacy and the Maryland Pharmaceutical Association, as seen in the following examples:

The Evening Sun editorial of May 21, 1968, in commenting on Governor Agnew's veto of the Orlinsky "Generic Drug" Bill, was a public tribute to the position of the MPhA. The bill was first opposed and then, after complete re-writing at our insistence, was endorsed by MPhA. The editorial said in part:

"... there would probably be some saving and the principle that in any taxpayer-financed program costs ought to be kept to a minimum consistent with sound medical results.

"Would this actually occur under the bill as passed overwhelmingly by both houses of the Legislature? Here opinion splits. The Maryland Pharmaceutical Association, whose professional advice certainly merits respect, thinks it would, and their case is a persuasive one. No drugs would go on the list until not only the State Health Department but committees representing both physicians and pharmacists had approved. The list could be as conservative and as brief as the best professional opinion felt justified. Certainly the criteria for judging, whose absence from the proposed law was one reason cited for veto, could be left to that professional opinion."

Next I would like to cite the following letter from the Heart Association of Maryland:

"July 2, 1968

Mr. Nathan Gruz

Maryland Pharmaceutical Association

650 W. Lombard Street

Baltimore, Maryland 21201

Dear Mr. Gruz:

We would like to take this opportunity to thank the members of the Maryland Pharmaceutical Association for their superb cooperation in the state-wide program for preventing rheumatic fever recurrences. I thought that your members might be interested in knowing the extent of the program.

Over 3,800 patients are now active with the registry. During 1967, the first complete year of automated registry operation, 583 new patients were referred to the Maryland Rheumatic Fever Registry of whom 224 had acute attacks of rheumatic fever. The heart was involved in 92 of these patients. Of the remaining patients 214 had definite rheumatic heart disease and an additional 39 had probable rheumatic heart disease.

These statistics, I believe, speak for the great community service which the Maryland Pharmaceutical Association is performing by providing low cost penicillin to these patients. By making the medication available, many repeat attacks of rheumatic fever are being prevented and, consequently, much unnecessary crippling from rheumatic heart disease is not taking place.

We would like to thank you for your participation in this program in the past and look forward to working with you in the years ahead.

Sincerely yours,

sgd.

Leon Gordis, M.D.

Chairman

Rheumatic Fever Committee"

Comprehensive Health Insurance

Another example is a letter from Delegate Rosalie Silber Abrams, which said in part:

"As you know the President has defined health services as a matter of

right for all our citizens. Our poor and elderly are assured of care, but the working man is not. Today the rising costs of health care are causing mounting concern among the middle class as to how they can meet the financial obligations of serious illness. In order that the general health of the people of Maryland be improved and the misfortune and financial strain accompanying illness be avoided, I believe it necessary for us to formulate plans for prepaid health service for the working people of the State.

It is my intention to formulate a comprehensive health insurance program through legislation in the next session of the General Assembly."

"Your assistance in developing such legislation will be invaluable. To that end, I hope that you will be able to attend a meeting . . . I would welcome your written comments and proposals on these points and others which you feel should be included."

I would also like to point to the appointment of Bernard B. Lachman to the Task Force on Alcoholism and Drug Addiction by the Governor. Donald O. Fedder has been asked to serve on the Advisory Committee on Regional Health Programs.

Thus you have concrete examples from a government official, a voluntary health agency and a legislator and others of the recognition of the pharmacist as a health professional who provides an essential service and has expertise to offer.

On the other hand, we have had the experience of being ignored in the drawing up of the grant for the OEO Provident Center and by the Governor's Ad Hoc Special Health Committee.

I think it is important to mention two more news articles, both appearing in The Baltimore Sun of April 25.

The first refers to testimony by Walter P. Reuther, President of the United Automobile Workers before a congress-

sional committee, stating that the nation's system of health care urgently calls for reorganization:

REUTHER URGES FULL REVISION OF HEALTH CARE

Walter P. Reuther, President of the United Automobile Workers, today told a congressional committee that the nation's system of health care calls urgently for reorganization.

He pointed out that "the costs of medical care have increased almost two and one-half times the cost of living in the past two years" and that the situation demands "a sound, equitable and economical system of financing" medical care.

"For the first time," he told the Senate Subcommittee on Executive Reorganization, "genuine efforts are being made through public sources to begin filling the gap between the marvelous advances in the medical sciences and the inadequate delivery of medical services.

"HORSE AND BUGGY DELIVERY"

"But as a society we are still attempting," he declared, "to deliver and control the cost and quality of Twentieth Century Medical care with horse-and-buggy mechanisms of a century ago."

To remedy this situation and provide more effective financing and delivery of medical and health services, the union leader suggested the extension of prepaid group plans, along with more economical and efficient hospital services, better nursing homes, control of the cost of physicians' services and improvement in planning health services.

"VOICE OF CONSUMER"

It is no longer enough just for those who purvey the services and set prices, and for insurance companies and underwriters to shape the health program—"the voice of the consumer needs to be heard," he said.

Reuther told the lawmakers that the average person today is deeply worried about when the cost of medical care will begin to level off.

He said there is among the people "a rising demand for vigorous and determined action by our national Government to control the skyrocketing costs if the consumer is not to be priced right out of the medical care market place. Evidence shows, he said, that under prepaid group practice plans, members use half as much hospitalization and experience far lower surgical rates than under solo, fee-for-service medicine.

The second article reports the testimony of Governor Nelson A. Rockefeller of New York before a Senate subcommittee as follows:

"I strongly urged the Federal Government to enact a program of national universal health insurance coupled with hospital cost controls."

He described Medicaid only as a useful "second line of defense." While it helps those who cannot meet their health costs, he said, it does not guarantee for all persons the "right to good medical care."

Organizing To Control Pharmacy

This, then, is the background of the situation the profession of pharmacy faces today. **It is a situation that is basically little controlled by pharmacy.** If we can have but little part in shaping the rules of the game, how can we obtain the highest possible score?

We come as usual to the same incapable conclusion, namely, that those who are best organized are going to get the most of the action.

What have we been able to do in Maryland? What have been the tools available?

We have a State Pharmaceutical Association that is supported by less than half of the pharmacists of the State.

Yet most of the Association's effort during the past few years has been going into governmental and legislative activities that affect **every** pharmacist.

In order to perform effectively we will have to have at least 90% membership. A decision will have to be made by pharmacists as whether to continue to seek the support of pharmaceutical manufacturers and those in allied fields. The same goes for wholesalers. If all three groups have the same goals, and if the practice of pharmacy as an independent profession is vital to their survival, then they must establish different priorities as to what is important to them.

At any rate, it is extremely difficult to try to maintain customary association programs and routine administrative tasks on top of an ever expanding demand on time and effort in the areas which are now monopolizing Association staff.

Areas of Concern

During the past year the areas of concern which dominated the Association agenda were: (1) the State Medical Assistance Program (Medicaid or Title 19), (2) the OEO-Provident Comprehensive Neighborhood Health Center, (3) local, State and Federal legislation and (4) the civil disturbances or riots of April.

We had some major successes. In the legislature, we were able to eliminate from proposed legislation a provision to set reimbursement for Medicaid pharmacy services at cost plus 20%. We supported a number of measures in the health field.

In particular, we have won the support of Baltimore City authorities in the fight to assure the opportunity for community pharmacies to participate as vendors in The Provident Comprehensive Neighborhood Health Center Program. But the matter is far from resolved. Just last week, there were several meetings regarding the OEO-

Provident Center in which I participated including in part, one on Monday evening lasting until one a.m. Tuesday, and one taking up most of Friday. The investment of time in this one problem has cost the Association thousands of dollars this past year.

I think the effort was and is a necessary one.

Quality Pharmaceutical Service

The greatest job lies ahead in trying to implement the guidelines of quality pharmaceutical service on the part of community pharmacies in this vendor program.

There is a challenge for all pharmacists not just those in the target area—to start thinking about how to bring their pharmacy practices to the maximum level of personalized pharmaceutical services. **The focus must be on the patient, not just the product dispensed.**

The emphasis must be on helping the patient obtain the maximum benefit from health care and from medication.

So, we come back to the Association—If the Maryland Pharmaceutical Association did not work night and day—both staff and volunteer members—would we have advanced pharmacy even to today's level? Would we have the pharmacy laws in Maryland, which have prevented the debasement prevalent in some areas? Would we have the educational requirements which separate pharmacy from a mere craft? Would we have made advances in the pharmacy Medicaid policies in Maryland three years in a row? Would we have any standing in the eyes of the other professions, among legislators and with government officials? The answer, I believe, is self-evident.

Pharmacy At a Dead End

We have achieved results against great odds and with meager resources. But pharmacy and we in the Association must recognize that we are **not** "at a crossroads." We are **not** at a fork. We



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are at a **dead end**. We can stop and stagnate—or we can go **up**. We can go **up** to the professional plateau which our education, our State licensure and our experience qualify us for.

To this end you here, and the other pharmacists who are concerned but could not be present, must personally recruit the uncommitted into our ranks.

Every pharmacist especially those who are not satisfied with affairs in pharmacy and who are not members of the Association, must be aware that MPhA representatives in their advocacy of the profession's position are constantly asked by government officials and others: Whom do you represent? How many members do you have? Do all pharmacists belong to your group?

The way to strength, the way to achieve our goals is through greater numbers, through resources and through organizational effectiveness. It can't be done with a skeleton crew.

During the coming year we must continue our concern with bringing about meaningful opportunities for continuing education. We are fortunate in the great interest that has been indicated by the new Dean of the University of Maryland School of Pharmacy. This is an area the MPhA has nurtured through the Swain and Solomon Seminars.

MPhA Accomplishments

There are many areas of MPhA accomplishments during the past year worthy of note. Let me mention a few:

We have achieved a landmark Code of Understanding with the Medical Society. The program of diabetes detection was highly effective.

Our public relations program received recognition with the receipt of an award from the American Pharmaceutical Association.

The Legislative Program had a high batting average. We were ably repre-

sented on the Medical Assistance Program Advisory Committee.

Your President, Milton A. Friedman, was dedicated in his devotion to the Association welfare. He conscientiously strove to consider every aspect of Association activity.

I want to express my deep appreciation to my staff—Mr. Paul Reznick, Mrs. Mary Anne Frank and Mrs. Lou Beaver—who so willingly worked night and day to help me and to help you.

On the threshold of the new Association year, I wish to thank all those who contributed to a full year, a year of historic activity on behalf of pharmacy in Maryland.

Future of Pharmacy

The future of pharmacy rests on the response of every pharmacist to the challenges that must be met. I sincerely hope that the overwhelming majority will respond to the degree that the urgency of these days require.

To paraphrase Robert Francis Kennedy:

"All of us will ultimately be judged and as the years pass we will surely judge ourselves, on the effort we have contributed to building a new world of pharmacy and to the extent which our ideals and goals have shaped that effort."

●

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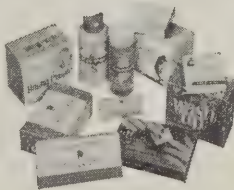
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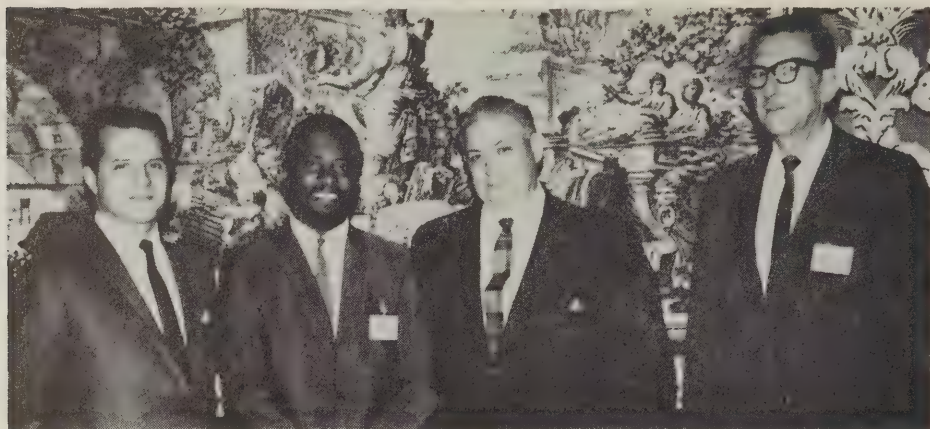


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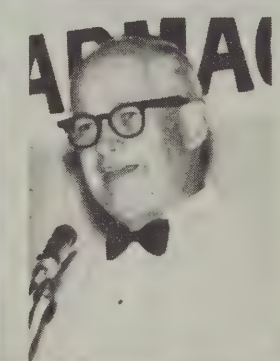
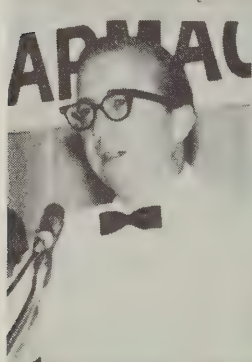
Tell them you saw it in "The Maryland Pharmacist"

MARYLAND PHARMACEUTICAL ASSOCIATION CONVENTION 1968



PANELISTS—"THE PHARMACIST'S ROLE IN HEALTH CARE"

Left to right — Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists; Noel F. Parris Jr., Director of Pharmaceutical Services, Columbia Point Health Center, Tufts University; Morris E. Blatman, Executive Secretary, Philadelphia Association of Retail Druggists; Samuel Wertheimer, President, Maryland Pharmaceutical Association.

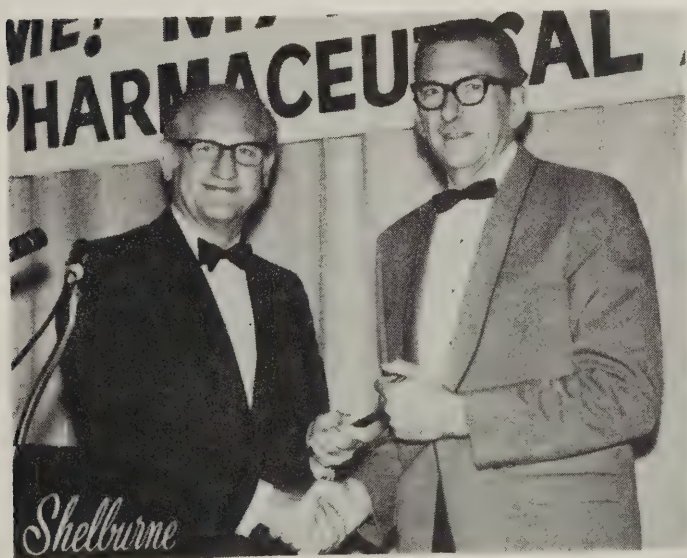


CONVENTION SPEAKERS

Top: Left to right—William J. Kinnard, Jr., Ph.D., Dean University of Maryland School of Pharmacy; Dr. Samuel L. Fox, Banquet Toastmaster; Secretary Nathan I. Gruz.
Bottom: Left to right—I. Earl Kerpelman, President Elect, MPhA; Howard L. Gordy, member Maryland Board of Pharmacy, past president, MPhA.; Mrs. Eloise Sopocy, L.A.M.P.A. speaker.



PRESIDENT FRIEDMAN GREETES CONVENTION



OUR PRESIDENTS

Milton A. Friedman, retiring President, MPhA (left) presenting gavel of office to incoming President Samuel Wertheimer.

Photos by Paramount Photo Service



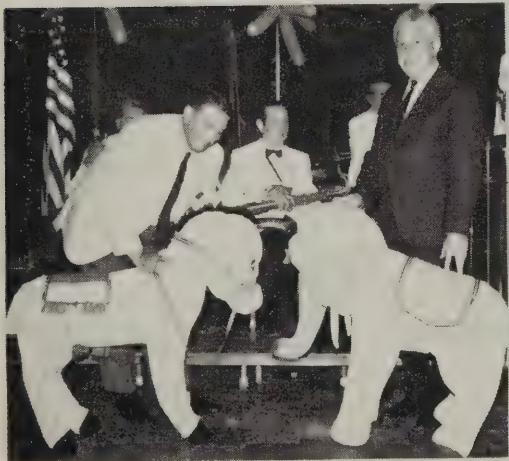
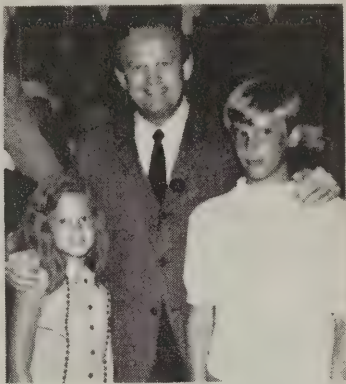
TABLE CLINICS—PRACTICING PHARMACISTS EXPLAIN

Top: Left to right—Morton J. Schnaper; Victor H. Morgenroth, Jr.; Irving I. Cohen.
Bottom: Aaron M. Libowitz; Stephen J. Provenza; Sidney L. Burgee, Jr.



T.A.M.P.A. NIGHT CELEBRANTS

T.A.M.P.A. CARNIVAL SCENES AND POOLSIDE PARTY



Photos by Paramount Photo Service

National Institute of Health News

By JULIAN MORRIS*

Gerontology Research Center

Maryland, Baltimore in particular has another first in the new Gerontology Research Center, dedicated June 15, 1968.

The Center, the nation's largest federal facility for research on aging, is a unit of the National Institute of Child Health and Human Development, operated in conjunction with the Baltimore City Hospitals.

Founded 29 Years Ago

Founded 29 years ago as a two-man laboratory studying the effect of aging on kidney function, the Center presently includes a staff of 120 directed by Dr. Nathan W. Shock, who is acknowledged as the "father of modern gerontology." Today the Center's staff of scientists and supportive personnel are grappling with such problems as the physical basis for aging and why individuals age differently and at varying rates.

The S.S.S.S.S.S.

Center Director Dr. Nathan W. Shock has been working with a group of volunteer business and professional men who call themselves the Select Society of Seeking Scientists, Saints, and Sinners. Prior to the experiments with this group, standards of normality against which data from aged persons were compared had been obtained by testing young, healthy medical school students. Whatever these young people scored was declared normal; any differences were automatically credited to aging.

But the normal body dies a little every day, and what is normal must change also. To provide a "sliding scale" for aging studies, the Select Society was formed. It comprises 600

men ranging in age from 18 to 99 who submit to three days of testing once every 18 months, providing longitudinal evidence of changes accompanying aging. The idea is to take in adults of all ages within a particular healthy population group and follow them as long as possible.

Test Results To Date

Testing so far has revealed that many previous "normal" standards were inaccurate. Glucose tolerance, for example, normally declines so drastically in the aged that if the usual standards were applied, nearly 50 percent of the elderly population would have to be classified as diabetic.

Also, the amount of oxygen that the blood absorbs from the lungs per minute falls from 4 litres at age 20 to 1.5 litres at age 75.

The Gerontology Center researchers hope to find a more accurate measure of an individual's biologic age than his years. So far, due to individual variations, such a measure has eluded them. A person may, for example, show signs of aging in the lungs but nowhere else.

During the last ten years data on aging in hundreds of men have been compiled at the Gerontology Research Center, but complete understanding on how and why they are aging and clues as to how to slow deterioration will be gained only through intensified research now possible in the new facility in Baltimore, Maryland.

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* N.I.H. Information Staff

for the betterment of pharmacy

What is a fair return on my investment? What about inventory control? How can I promote the Rx department? How can I compete effectively with the high volume, low margin store?

These and other related subjects are discussed by the Pharmacy Management Panels sponsored by Lederle Laboratories. These panels have been held 33 times in 29 different states since 1962 usually in conjunction with a major pharmaceutical association meeting.

Among those who have served on the Lederle panels are H. W. Adkins, Vice-President, Yahr-Lange, Inc., Milwaukee, Wisconsin; George L. Scharringhausen, Jr., Scharringhausen Pharmacy, Park Ridge, Illinois; Dr. Paul C. Olsen, Professor of Pharmacy Administration at Brooklyn College of Pharmacy; Dr. Jean K. Weston, Vice-President Medical Relations, National Pharmaceutical Council, Washington, D.C.; Drew E. Haskins, Jr., Drew's Drugs, Fort Oglethorpe, Georgia; Robert J. Gillespie, Gillespie's Drugstore, St. Joseph, Michigan and Mike Harris, Executive Secretary, The Pharmaceutical Institute, Sacramento, California.

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If you would like to have a transcript of one of the seminars, address your request to Maxwell James, Lederle Laboratories, A Division of American Cyanamid Company, Pearl River, New York 10965.



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Pharmacy Changes

The following are the pharmacy changes for the month of October:

New Pharmacies

Drug Fair No. 113, Milton L. Elsberg, President, 222 North Charles Street, Baltimore, Maryland 21201.

Pharmacy 4200, Wesley N. Shelton, President, 4200 Edmondson Avenue, Baltimore, Maryland 21229.

Peoples Service Drug Store No. 266, G. B. Burrus, President, Little Falls Shopping Mall, 4701 Sangamore Road, Sumner, Maryland 20016.

The Read Drug and Chemical Company, Arthur K. Solomon, 5 Salisbury Mall, Salisbury, Maryland 21801.

The Good Samaritan Hospital, Inc., His Eminence Lawrence Cardinal Shehan, Pres., 5601 Loch Raven Boulevard, Baltimore, Maryland 21212.

Change of Ownership, Address, Etc.

Chatkin's North-End Pharmacy, William C. Chatkin, (Formerly located at 580 Northern Avenue), 583 Northern Avenue, Hagerstown, Maryland 21740.

S & S Pharmacy, G. L. Taylor & Marvin Friedman (Formerly owned by W. H. Siegel and Paul Siegel), 624-626 Cherry Hill Road, Baltimore, Maryland 21230.

Wright's Pharmacy, J. R. Brinsfield (Formerly owned by Myron J. Wright), 125 S. Main Street, Northeast, Maryland 21901.

No Longer Operating As Pharmacies

Ford Pharmacy, Jack Gaun, President, 3710 Howard Avenue, Kensington, Maryland 20795.

Schulte's Drug Store, Inc., Charles J. A. Schulte, Jr., 1801 West North Avenue, Baltimore, Maryland 21217.

Waltz Pharmacy, Jerome Berlin, 1831 W. Mosher Street, Baltimore, Maryland 21217.

Medical Assistance County Numbers

The Maryland State Department of Health has assigned a prefix number for each of the 23 counties in the State plus Baltimore City for medical assistance case numbers. For example, Medical Assistance recipients in Allegany County have their MA numbers starting with 01.

The list of the counties arranged alphabetically with the assigned numbers are as follows:

Allegany	01
Anne Arundel	02
Baltimore	03
Calvert	04
Caroline	05
Carroll	06
Cecil	07
Charles	08
Dorchester	09
Frederick	10
Garrett	11
Harford	12
Howard	13
Kent	14
Montgomery	15
Prince Georges	16
Queen Anne's	17
St. Mary's	18
Somerset	19
Talbot	20
Washington	21
Wicomico	22
Worcester	23
Baltimore City	30

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Volume 27

OCTOBER, 1968

No. 1

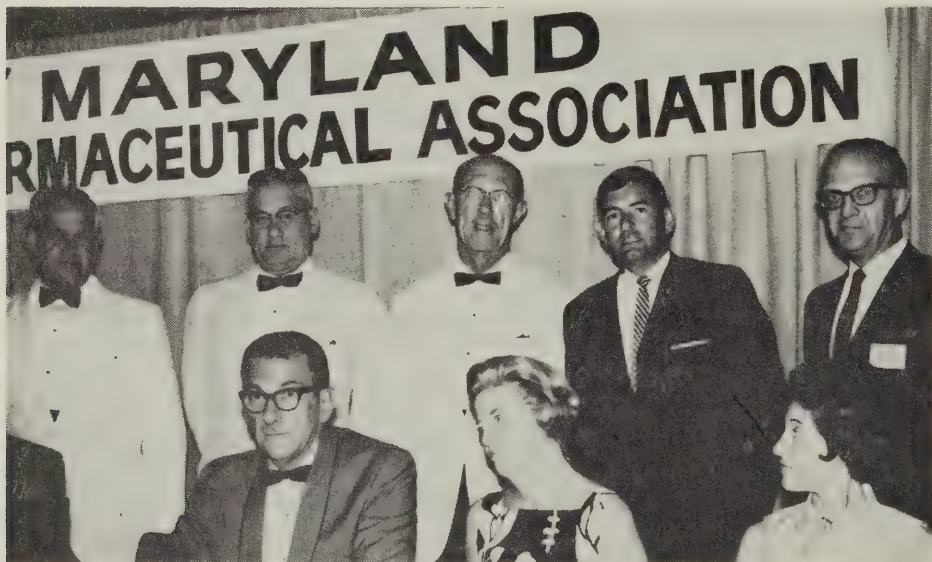


Photo by Paramount Photo Service

T.A.M.P.A. OFFICERS

Standing, left to right—William A. Pokorny, retiring President; H. Sheeler Read, Secretary-Treasurer; Kenneth L. Mills, President Elect; Paul Mahoney, Third Vice President; Joseph J. Hugg, Assistant Secretary-Treasurer. Not present for picture: L. Scott Grauel, Honorary President; Francis J. Watkins, First Vice President; William Nelson, Third Vice President; John A. Crozier, Secretary-Treasurer Emeritus.

Seated: Left to right—Samuel Wertheimer, president, MPhA; Mrs. Wertheimer; Mrs. Nathan I. Gruz.

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CONTEMPORARY GREETING CARDS

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Fall Regional Meeting

Steps to encourage limitations on the cost of ingredients in Medicaid Prescriptions whenever possible were taken at the MPhA Fall Regional Meeting held on Thursday, October 17, 1968 at the Holiday Inn, Frederick, Maryland.

The afternoon session's program featured Mary Louise Andersen, Chairman of the House of Delegates, APhA and John T. Kelly, Legal Counsel, Pharmaceutical Manufacturer's Association speaking on "Drugs and Government Programs—Federal and State Legislation."

MARY LOUISE ANDERSEN

"The Maryland Pharmaceutical Association and the national professional society of pharmacists have long enjoyed close and productive relations," Mary Louise Andersen told the Maryland Pharmacists and their guests. "The names of pharmacists of the Free State who have supported the APhA over the years are many and of distinction, including your own Victor Morgenroth who is serving as first Vice President of your national professional society."

Eight Maryland Pharmacists have served as presidents of the APhA, many of them bearing names of national and international renown, and the APhA has also held five of its annual meetings in Maryland," she added.

"We have been fortunate in the past several years to have worked with your able Executive Secretary Nate Gruz. His leadership and devotion to pharmacy are nationally recognized through his participation in the National Council of State Pharmaceutical Association Executives and he has served the American Pharmaceutical Association in many committees and appointive capacities. Sam Goldstein, a colleague of yours and a long time member of the APhA staff is now serving as Secretary of the APhA Academy of Pharmaceutical Sciences.

"Many, many others of you have served your national society. For example President Eggleston has appointed Don Fedder of Baltimore to the APhA Social and Economics Relations Committee."

TENENTS OF APhA POLICY

Three significant tenants of APhA policy, were outlined by Mrs. Andersen, which are recurrently applied in legislative analysis:

1. APhA supports efforts which provide for or contribute to the professional and financial independence of the practice of pharmacy.
2. APhA supports efforts and legislation that provides or contribute to the continued growth and usefulness of the pharmacist as a health care practitioner.
3. APhA assures itself that its programs and policies will contribute to the social and economic betterment of the nation.

Other topics discussed by Mrs. Andersen were the Kefauver hearings, Fair Trade and Quality Stabilization, professional fee concept, physician ownership of pharmacies, Medicare Program—drugs under Medicare, State Uniform Narcotic Act and other viable topics. Mrs. Andersen's paper will be printed in a subsequent issue of the **Maryland Pharmacist**.

JOHN T. KELLY

John T. Kelly, Associate General Counsel for Legislation of the Pharmaceutical Manufacturers Association, told the meeting: "The PMA supported the Health Manpower Act of 1968 (P.L. 90-490) because of its effect on the health of the Nation and upon the people who are providing our medical and health services. It extends and improves existing construction programs for teaching facilities for students in the schools of pharmacy, medicine and other health



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services and broadens the student loans and other scholarship programs for needy students in such schools."

Mr. Kelly in his paper covered Medicare and Medicaid Programs, Drug Compendium, Devices, Health Manpower Act of 1968, Interstate Taxation Bill, House Small Business Sub-Committee, State Legislation and differential pricing law. The paper will be published in a following issue of the Maryland Pharmacist.

L.A.M.P.A. PROGRAM

Ted Venetoulis, author of **The House Shall Choose** analyzed the subject matter of his book as to the provisions of choosing a President of the United States when a candidate of the office does not secure a majority of the electoral votes. A mock presidential election was held, Hubert H. Humphrey winning over Richard M. Nixon in a close vote. Following luncheon the ladies were entertained with a showing of a colored film "The Birds of Edward Marshall Boehm."

STUDENT PARTICIPATION

For the first time, students of the University of Maryland School of Pharmacy, actively participated in a MPhA Regional Meeting. The Senior Class of the School of Pharmacy were guests of the Executive Committee. Participation of the students were arranged with William J. Kinnard, Jr., Dean of the School. Dr. Peter P. Lamy, Associate Professor of Pharmacy accompanied the students.

LOCAL ASSOCIATIONS

Recognition was given to representatives present from the Maryland Society of Hospital Pharmacists, Baltimore Metropolitan Pharmaceutical Association, Prince Georges-Montgomery County Pharmaceutical Association, Eastern Shore Pharmaceutical Society, Allegany-Garrett County Pharmaceutical Association, Washington County Pharmaceutical Association, L.A.M.P.A. and T.A.M.P.A.

EVENING PROGRAM

Milton A. Friedman, immediate past president of MPhA received the **Past President's Award** given annually by E. R. Squibb and Sons, Inc. The presentation was made by John G. Bringenberg, Squibb District Manager.

William Shoemaker, Director of Pharmaceutical Programs, Pennsylvania State Department of Public Welfare was the speaker of the evening. Mr. Shoemaker, a pharmacist, spoke on the Drug Formulary adopted for the State of Pennsylvania for its Medicaid program. One of the features of the Pennsylvania Formulary is its broad base of pharmaceuticals, both brand names and generic drugs on the listing, giving the physicians choice of medications. The pharmacist also can fulfill his requirements with more limited inventory for the Medicaid program. Mr. Shoemaker also emphasized **Quality Control of Drugs**.

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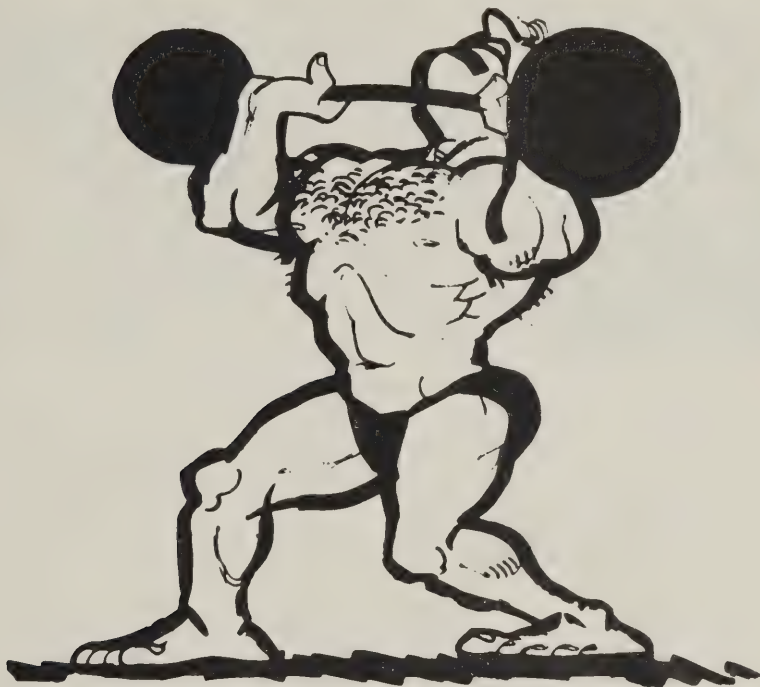
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L.A.M.P.A. News

By ANN CRANE 426-6868



L.A.M.P.A. OFFICERS & DIRECTORS

Standing: Left to right—Mrs. Paul Reznick, director; Mrs. Frank J. Slama, retiring President; Mrs. Harry L. Schrader, incoming President; Mrs. Charles E. Spigelmire, First Vice President; Mrs. Anthony G. Padussis, Third Vice President; Mrs. Leo Bloom, Recording Secretary. Not present for picture: Mrs. Maurice Wiener, Second Vice President; Mrs. Richard R. Crane, Corresponding Secretary; Mrs. Charles S. Austin, Treasurer; Mrs. Manuel Wagner, Membership Treasurer. Directors, Mrs. H. Sheeler Read; Mrs. Charles J. Neun; Mrs. Frank Appelstein; Miss Mary DiGistrine; Mrs. Harold P. Levin; Mrs. George V. Schmidt; Mrs. Harold L. Gordy; Mrs. Nathan Schwartz; Mrs. Frank Block, Historian.

Seated: Left to right—Mr. Samuel Wertheimer, President MPhA and Mrs. Wertheimer; Mrs. Nathan I. Gruz and Mr. Nathan I. Gruz, secretary MPhA.

With much of the current headline news having a Greek flavor (Agnew and Onassis) L.A.M.P.A. kept pace with the times, having as its guest speaker, Mr. Theodore G. Venetoulis an American of Greek extraction at its meeting held at the Fall Regional Meeting of the MPhA, Thursday, October 17, 1968 in the Holiday Inn, Frederick, Maryland.

Mr. Venetoulis has just published *THE HOUSE SHALL CHOOSE*, a book which tells in detail about the two previous occasions in our history when the House of Representatives and Senate selected the President and Vice President of the United States, because neither of the presidential contenders received a majority of electoral votes. The "Meet the Author" portion of the program commenced at noon. We were told about the various intricacies of our electoral college system; the vari-

ous possibilities, should the House and Senate not reach a decision by January 20th, which is Inauguration Day; a proposed amendment allowing a national run off election; the inner workings and cost of political campaigns; and the pros and cons of political polls. A very lively and informative question and answer period followed.

Politics

Politics—which to some of us conjures a dirty word, was painted as it is—a vital force in our society, needing the active participation of all of us, who are so personally affected by its decisions and thinking. Each of us attending probably remembers some particular fact that "struck home," but one point which everyone will agree on, was the importance and value of our individual vote. Several instances of very close elections and their repercussions

were cited. As a capsule-cast: Timely describes the subject; Excellent the speaker and Charming his personality.

Mock Presidential Election

In keeping with the theme of the day—campaign posters decorated the walls of L.A.M.P.A.'s meeting room, while copies of **THE HOUSE SHALL CHOOSE** enhanced the speaker's table. For our mock presidential election, Mrs. H. Sheeler Read served as election judge and reports that it was a very close election, with the Hubert H. Humphrey ticket winning by four votes.

Our book sales cashier, Miss Mary R. DiGristine had a sell out of autographed copies and ended up by taking orders for future delivery. However, two of the luckiest people attending were Dr. Peter P. Lamy and Mr. C. Edward Pfeifer—each won a copy of Mr. Venetoulis's book, personally autographed by the author.

After lunch and our formal business meeting, we were shown a sound and color film loaned to us by Reese Palley, Inc. of Atlantic City on the making of the famous Boehm Birds. Mr. Herman Bloom of Paramount Photo Service graciously provided the equipment and know how for the showing of the film. As many will recall, Mr. Reese Palley addressed our ladies at the Convention in July on the same subject, the film permitted us to see many of the processes and objects Mr. Palley has spoken to us about.

Our door prizes were then distrib-

uted and we are grateful to Mr. John A. Crozier of the Calvert Drug Company and to Mr. Joseph Grubb of Whitman's Candy for their generous donations, as well as the following L.A.M.P.A. members who made and donated prizes: Mr. Jerome Cermak, Mrs. Richard R. Crane, Mrs. Marvin W. Henderson, Mr. H. Sheeler Read, Mrs. Harry L. Schrader and Mrs. Charles E. Spigelmire.

A brief respite preceded the "happy hour" and then dinner, during which Mr. Milton A. Friedman, immediate past president of MPhA was presented with a past president's plaque by the E. R. Squibb & Sons Company. Mr. John G. Bringenberger, District Representative of the Company made the presentation.

Successful Regional Meeting

Many ladies and gentlemen attending the Regional felt that it was a very fine day. Nature provided the colorful Fall scenery and they, by their attendance provided the human ingredient, so very necessary for the success of any program. Much time, effort and money goes into our programs and it is most gratifying when they are rewarding as this one. We want to toss a bouquet (of grape leaves perhaps) to our program chairman, Mrs. Charles E. Spigelmire and our president, Mrs. Harry L. Schrader. The Greeks may have a word for it—we will settle for it—it was great!

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Support Your Associations

LOCAL, STATE, NATIONAL

"In Unity There Is Strength"

L.A.M.P.A. President's Message

MRS. HARRY L. SCHRADER

To all L.A.M.P.A. members—I consider it a special privilege to issue to you an invitation to attend not only the social functions planned for you who attend the Regional Meetings, but also the business meetings of the Ladies Auxiliary of the Maryland Pharmaceutical Association.

It is here that in an informal atmosphere we are able to exchange ideas with members from throughout the beautiful State of Maryland. Every thought and effort must be expanded

to make our Auxiliary a great force in developing the social and professional interests to focus public attention upon the Auxiliary we represent.

Let us as L.A.M.P.A. members dedicate time to help build a stronger association and to express our appreciation to our L.A.M.P.A. officers. You will enjoy the association with other members and you are bound to take home with you new ideas for your business and HOME.

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Prince Georges-Montgomery County

The Prince Georges - Montgomery County Pharmaceutical Association in order to stimulate interest in Pharmacy as a science and profession is presenting annually a ceramic mortar and pestle to the student in each of our counties whose Science Fair Project at the Regional Science Fairs best portrays Pharmacy in any of the related sciences, research, manufacturing or history.

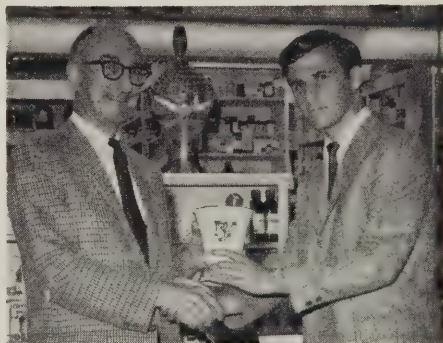
This year Pamela Jean Brown won first place in Pharmacy at the Prince Georges County Regional Science Fair and Steven D. Bond won first place in Pharmacy at the Montgomery County Regional Science Fair.

Winning Entries

"Diabetes: Problem and Solution" was Miss Brown's winning project. She is a student at the Mt. Rainier Junior High School.

"The Effect of Drugs On Learning In Hampsters" was the entry of Steven D. Bond. Mr. Bond is a student at Springbrook High School, Silver Spring.

Ervin M. Koch, Paul R. Bergeron, II and Richard D. Parker served as judges for Montgomery County entries. Louis N. Nobel, Alan B. Berger and D. J. Vicino were the judges for the Prince Georges entries.



(Photo by Schley Owens)

Morton J. Schnaper presents Mortar & Pestal Science Fair Award to Montgomery County Winner, Steven D. Bond.



(Photo by Paramount Photo Service)

Louis N. Nobel presents Mortar & Pestal Science Fair Award to Prince Georges County Winner Pamela Jean Brown.



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Pharmacists! Drug Abuse—It's your Baby

The Student Committee on Drug Abuse Education has as their goal the dissemination of information concerning the problem of drug abuse. They are making use of every method and resource available to present the facts where they are needed the most.

The poster they prepared for National Pharmacy week was designed to increase the interest of the group best prepared to explain the facts of the drug abuse problem—the pharmacists themselves. But this is not their only avenue of attack; they have spoken to over 4,000 high school students, manned a booth at the Somerset Health Fair and organized a system of listing and filing educational pamphlets, articles, books and films.

The high school programs are begun with a slide lecture talk by the Committee's Advisor, Dr. David A. Blake. This portion of the program involves a definition of the various aspects of drug abuse and a brief description of each. During the second segment of the program a movie related to the drug abuse problem is shown. Finally the high school students are divided into groups of about 30 for a question and answer period with the committee members. These discussions have proved particularly fruitful because of the peer group association the high school student can establish. At the end of the program questionnaires are distributed and the students are given a chance to evaluate both the program and the problem. These questionnaires are then collected and the results tabulated and used as a guide for improving the presentation.

In the near future the Committee plans to broadcast their message on Charles E. Spigelmier's "Your Best Neighbor" radio program. Also they

plan to fill an educational void by publishing an informative pamphlet for elementary school children; and produce a motion picture illustrating the physiological and pharmacological aspects of drug abuse. In addition, they hope to intensify their program by attracting the interest and support of the Maryland Pharmaceutical Association and its members.

Student Committee on
Drug Abuse Education

Front Cover Photo: Left to Right: G. Lawrence Hogue, Morrell C. Delcher, James C. Culp, Jr.

— o —

President Signs Bill to Curb LSD, Similar Drugs

A bill aimed at halting the traffic in LSD and similar drugs was signed into law by President Johnson on October 25, 1968.

Persons convicted of the illegal manufacture, sale or distribution of such drugs would be punished by sentences of up to five years in prison and a \$10,000 fine.

Possession of the drugs, stimulants, depressants and hallucinogens, would be made a misdemeanor punishable by up to one year in prison and a \$1,000 fine.

"It is measures like this, and not talk about crime, that strengthen the hand of our police and give our families protection, the President said in a statement.

"Our criminal laws will put the drug peddler in jail. But to put him and his kind permanently out of business we need the active support and understanding of every adult and young citizen of this Nation."

"Bowl of Hygiea Award"

The A. H. Robins Company saluted their "BOWL OF HYGIEA AWARD" recipients at a reception held in Richmond, Virginia headquarters of the Company the early part of October and in an Honor Roll of Recipients published recently.

Annual Award

The Award is given annually to a recipient selected by each of the participating pharmaceutical associations for outstanding community service by pharmacists. The Award is a handsome mahogany plaque which shows the "BOWL OF HYGIEA" cast in bronze.

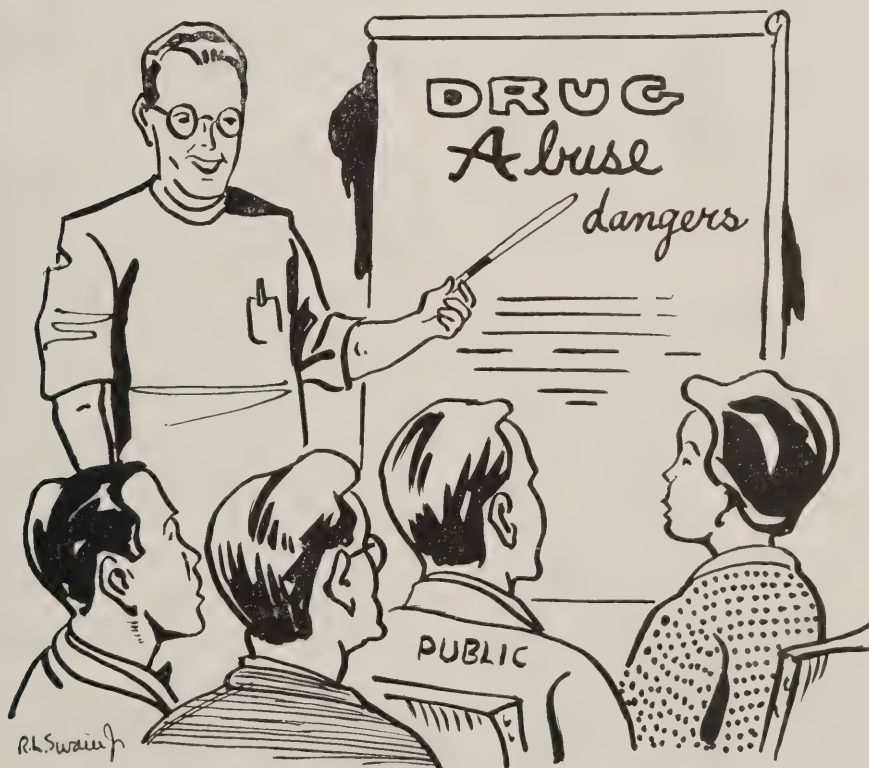
Over 500 pharmacists have received the award since its inception by E. Claiborne Robins, president of A. H. Robins and a third generation pharmacist in his family. The pharmacists represent each of the United States, the District of Columbia, Puerto Rico and nine provinces of Canada.

Maryland Recipients

The Maryland Recipients are:

- 1964 Simon Solomon, Baltimore
- 1965 Norman J. Levin, Pikesville
- 1966 Gordon A. Mouat, Baltimore
- 1967 Harold M. Goldfeder
- 1968 Victor H. Morgenroth, Jr., Baltimore

— o —



IMPORTANT ROLE TO ASSUME

Alpha Zeta Omega

The Alpha Zeta Omega Pharmaceutical Fraternity is divided into six districts geographically with six members making up the **Supreme Board of Directors**. The duties of the Board Members includes the supervision of a group of chapters. Each chapter is requested to notify its Board Member of all meetings and functions and to send him copies of the minutes and financial reports.

Local Board Member

Gerald Freedenberg of 803 Smoketree Road, Baltimore 21208, is the Board Member supervising Kappa Chapter of Baltimore and Pi Chapter of Washington, D.C. Other chapters under Frater Freedenberg are Beta, Gamma, Philadelphia Alumni, Omega Chi and Virginia Alumni.

Supreme Historian

The 1968-69 record books are now being compiled. Chapters are requested to send two sets of pictures, programs, journals, souvenirs and other descriptive material to Harvey Levine, Supreme Historian, 3822 Washington Blvd. Cleveland, Ohio 44118. ,

Azomedic Committee

This committee handles inactive fraters, fraters who are in graduate school, in the armed services, and those living in an area where there are no active chapter. The AZOMEDIC chairman is Myron M. Krop, 3 Christy Lane, Springfield, N.J. 07081.

Newspaper Contest

The fraternity sponsors an annual newspaper contest of publications published by the individual chapters. Kappa Chapter of Baltimore is putting in a strong bid for the top place in the contest.

An independent body of judges selects the best chapter newspaper in

each of the three categories of chapters: Alumni, undergraduate and mixed. The awards are made at the National Convention in July. The 1969 convention will be held in Pittsburgh.

— o —

Baltimore Veteran Druggists' Association

Daniel Warren as President 1968-69 greeted the members of the Baltimore Veteran Druggists' Association at its October luncheon held Wednesday, October 16, 1968 at the University Hospital cafeteria.

F. Harold Lewis, vice president and Noel E. Foss, secretary-treasurer are the other officers.

Membership in the organization is open to pharmacists having practiced pharmacy for 25 years or longer.

— o —

Pharmacy Calendar

Sunday, January 26, 1969—B.M.P.A.

Banquet and Installation of Officers, Emerald Gardens, Baltimore

Thursday, March 13, 1969—Alumni Association, School of Pharmacy Dinner Meeting, Eudowood Gardens

May 17-23, 1969—A.Ph.A. Annual Meeting—Montreal

Wednesday, June 4, 1969—Annual Banquet, Alumni Association, School of Pharmacy, Eudowood Gardens

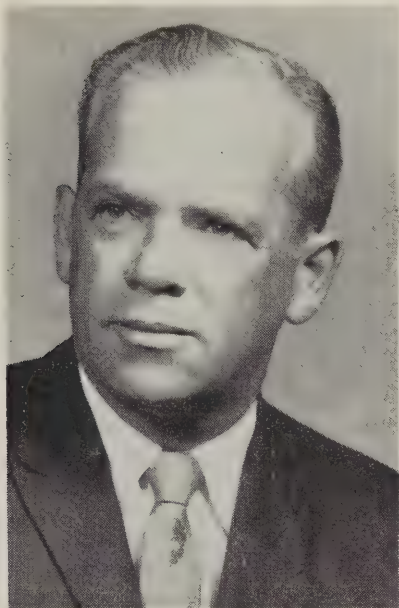
July 13-17, 1969 — 87th Annual MPhA Convention — Tamiment-In-The-Poconos

— o —

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William B. Hennessy Elected President APhA for 1969-70

William B. Hennessy, practicing pharmacist of Detroit, Michigan has been elected 1969-70 President of the APhA as a result of the annual mail ballot of Active and Life members.

Robert E. Abrams, pharmacist-executive of New Jersey was elected First-Vice President and Clifton J. Latiolais, hospital pharmacist of Ohio was named Second Vice-President.

George D. Denmark of Massachusetts, John H. Neumann of Illinois and Fred Ragland Jr. of Arkansas were elected to 1969-72 terms on the Board of Trustees.

Elected to the Judicial Board for 1969-72 are George A. Harris of Illinois and Charles W. Hartman of Mississippi.

Installation of Hennessy in Montreal

President-Elect Hennessy and his new fellow officers will be installed at the annual banquet in Montreal, May 22, 1969.

President-Elect Hennessy was born in London, Ontario, March 25, 1911. He attended the Detroit Institute of Technology, which became part of Wayne State University College of Pharmacy. He received the College's first Distinguished Alumnus Award. He founded the Hennessy Pharmacy in 1947 and also serves as Chief Pharmacist of the Saratoga General Hospital. He received the 1967 Michigan Pharmacist of the Year Award of the Michigan State Pharmaceutical Association.

He joined the APhA in 1944 and is completing his second, three-year elected term as a member of the APhA Board of Trustees (1963-69), of which he is Vice Chairman. He is a Past President of the Michigan State Pharmaceutical Association and the American College of Apothecaries. He was appointed to a five-year term upon the Michigan Board of Pharmacy in 1966.

Present officers of the APhA who will serve until the Montreal Convention are President Max W. Eggleston, First Vice President Victor H. Morgenroth, Jr. of Baltimore and Second Vice President Arnold Albert.

— o —

APhA 1969 Montreal Convention

The 1969 American Pharmaceutical Association's annual meeting will be held in Montreal, May 17-23, 1969 according to APhA President Max W. Eggleston in announcing the appointment of Montreal pharmacists James Laberge and Oliver Vaillancourt as co-chairmen of the local hospitality committee.

Maryland Pharmacists Invited

Maryland pharmacists were invited to attend through a personal invitation extended to MPhA executive secretary Nathan I. Gruz, by the co-chairmen at the recent NARD convention held in Boston.

Mr. Vaillancourt has served as President of the Association des Pharmaciens Detaillants de la Province de Quebec, Inc since 1967, while Mr. Laberge has served as President of the Independent Retail Druggists Association of Quebec since 1967. Pharmacists Vaillancourt and Laberge both received their pharmacy degrees from the University of Montreal and both own pharmacies in Montreal.

APhA Housing Bureau

The APhA housing Bureau in Montreal will open January 2, 1969, and the housing reservation forms will be published in both the APhA JOURNAL and the APhA NEWSLETTER. Hotel reservations only should be made through the Housing Bureau starting in January.

The sessions during the meeting will be held in the Queen Elizabeth, Bonaventure, Le Chateau Champlain, Sheraton Mt. Royal, Laurentian and Windsor Hotels, all of each which are within easy walking distances of each other.

— o —

Influenza Prevention

The Public Health Service Advisory Committee on Immunization Practices advises that the chronically ill, the old and the very young start now by getting doses of last years regular flu vaccine, then following up with shots of the new Hong Kong flu vaccine when it becomes available next month.

Production Being Speeded

Seven of the nation's top pharmaceutical manufacturers are working strenuously to produce a new strain of Asian influenza now headed towards the United States—A/2 Hong Kong/68. The monovalent vaccine is expected to be ready in time to help prevent a major outbreak of the disease this winter. An influenza outbreak was forecast recently by the National Communicable Disease Center in Atlanta.

Lilly, Parke-Davis, Wyeth, Lederle, National Drug, Merck Sharp & Dohme and Pfizer are concentrating on the production of the A2/Hong Kong/68 vaccine.

— o —

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THE
MARYLAND
PHARMACIST



CHARLES E. SPIGELMIRE
Honorary President
Maryland Pharmaceutical Association

“PRESCRIPTION DRUGS AND PHARMACY”

Comments on A Federal Task Force Report

Nathan I. Gruz

Page 73

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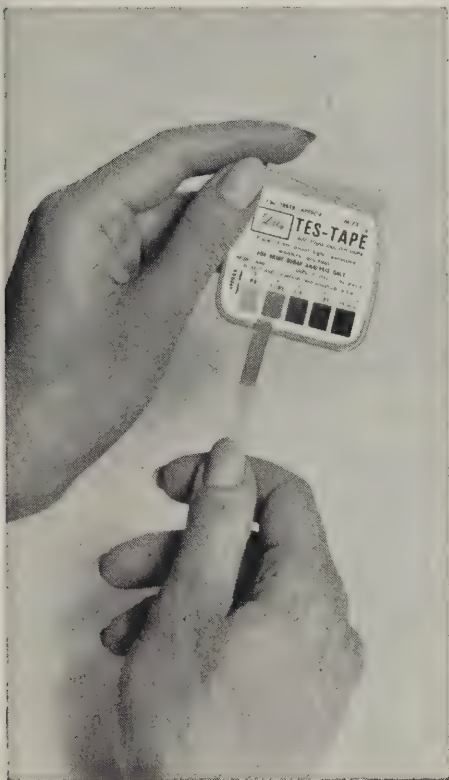
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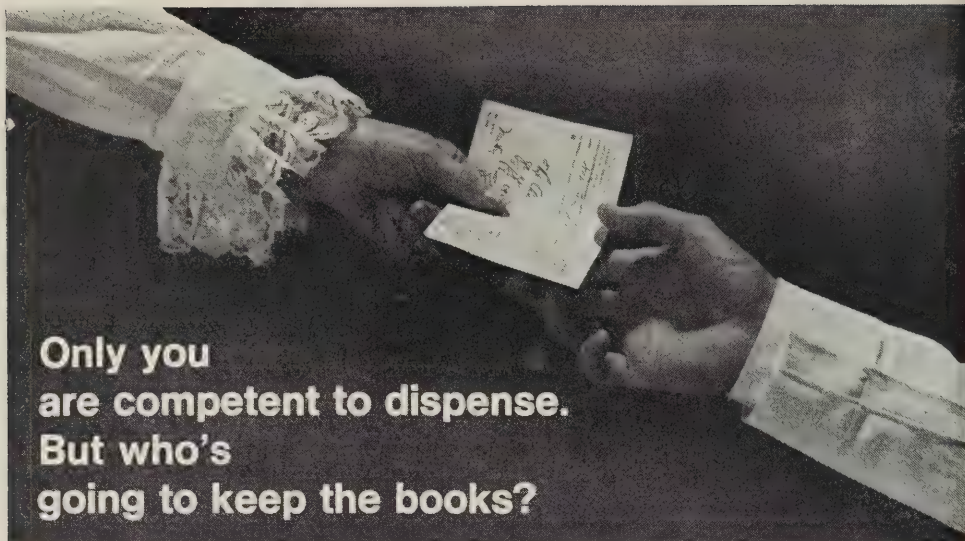
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**Only you
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going to keep the books?**

By the early '70's, it's estimated, pharmacists will be dispensing more than 250 million prescriptions which the patient won't pay for. All that 250 million—and some estimates go as high as 500 million—will be paid for by a "third party"—a private insurance plan, or some level of government.

But before you advertise for an assistant, consider what you'll need—a pharmacist or an accountant. Because someone has to fill out those forms, check the regulations, shuffle all that paper work. The best guess is that the someone is you.

Others have suggested that the patient can keep his own books, handle his own authorization. After all, the patient handles physician Medicare claims. But now we're talking about ten to twenty times the number of transactions, an enormous administrative burden. And the patient can scarcely be expected to handle such complex and awesome concepts as corridor deductibles, approved medication lists, and maximum allowable costs.

So most of the experts are agreed that the someone will be you. (The concept of the pharmacist as steward is called "mandatory assignment.") If that's the case, you may want to have a say in drawing up the rules. For

instance, you may want regulations which .

- include a simple beneficiary identification method that avoids confusion about eligibility;
- avoid a formulary and a system of maximum allowable cost which would (1) cause widespread problems regarding the eligibility of drug products and reimbursable prescription costs, and (2) restrict the physician from prescribing the medication of his choice;
- are based on the easy-to-administer "copay" deductible (for example, a small charge per prescription) rather than the complicated "corridor" deductible which the patient pays all costs up to a predetermined yearly sum (\$25, for instance) before he is eligible for benefit;
- provide prompt reimbursement to the pharmacist.

Any method which overburdens the pharmacist, restricts the physician, and confuses the patient, leaves much to be desired in the quest for quality medical care.

The community pharmacist is vital to an extensive third-party payment plan. Your elected representatives and your organization officers should know your views.

The Maryland Pharmacist

NATHAN I. GRUZ, Editor

PAUL REZNEK, Assistant Editor

Volume LXIV

NOVEMBER, 1968

No. 2

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The views expressed in **The Maryland Pharmacist** signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 60 W. Lombard Street, Baltimore, Md. 21201. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 8, 1879

Editorial

Health, Education and Welfare Task Force Report

Criticism or Challenge?

Why the furor about a 110 page government document called "Task Force on Drugs, Second Interim Report and Recommendations"?

All who would wish to know what government health officials look into when seeking to make recommendations about prescription drugs must have not only factual knowledge about its contents, but be aware of its implications for the future. We say, this is must reading.

A review and commentary of the report appears elsewhere in this issue, but we will restrict ourselves here to just a few of the points raised.

We believe the recommendations of most critical concern to the future of the profession are those involving "The New Role of Pharmacy."

The Task Force Report asserts that in contrast to other aspects of health care—the practice of medicine, hospital operations, drug manufacture—retail pharmacy operations have developed and adopted little in the way of new devices and techniques to enhance efficiency.

The report states that pharmacy "currently faces a dilemma which is partly, though not entirely of its own making."

The "Role of the Pharmacist," it is stated, is viewed by many people as essentially routine dispensing of pre-fabricated pills and liquids. Much of his time is seen as devoted to routine merchandising of commodities with little or no relationship to health.

There is no question that this has raised doubts within and outside of pharmacy as to the relevancy of modern pharmacy education. With much of the traditional education not utilized and with many routine functions capable of performance by non-professionals, we must decide how the licensed pharmacist's limited time could most effectively be used as a professional to contribute to health care regardless of the environment in which he practices.

Thus we come to the new emerging role of the pharmacist as a **drug information specialist**. We must emphasize that community pharmacists through patient medication record cards are already more and more assuming greater responsibilities in patient health care and safety. Pharmacists are becoming counselors concerned with the characteristics of non-prescription, self medication drugs and their inter-action with prescribed medication. In hospitals, pharmacists are becoming more involved with the total health care team as drug information experts.

We agree that changes in pharmaceutical education must be instituted to meet the developing and future roles of pharmacists in health care.

Pharmacists may be opposed to the idea of a recognized, trained sub-professional or pharmacy aide, seeing such a person as a threat to their professional and economic status. However, at the same time, we must recognize that there are pressures from government, institutions, legislators and consumers for the delivery of quality medical care, including drugs, at the lowest possible cost.

If the elements outside of pharmacy are convinced that pharmacy aides can contribute significantly to total care in a manner comparable to nursing aides and other established career fields, then these elements will try to establish some kind

of training courses and produce the personnel. Pharmacy must make sure that any such sub-professionals are not permitted to assume the prerogatives of deputies for pharmacists.

If a new category of pharmacy technicians is required, its scope, training and regulation must be under the guidance of the State Board of Pharmacy.

It is imperative for pharmacy that the profession assume the leadership and set up guidelines for pharmacy practice now. Functional duties and responsibilities must be demarcated for licensed pharmacists and separately for ancillary personnel.

The thought stimulating subject matter covered by the Task Force study deserves careful research, study and analysis by the profession of pharmacy and all elements of the "health industry." Certainly, the profession itself should have taken the leadership by initiating such a program long ago. **The profession's representative body**—the American Pharmaceutical Association—should establish a department of socio-economic research as a high priority on-going Association activity. Perhaps, lack of commitment by enough pharmacists and the drain of pharmaceutical internal warfare which has resulted in insufficient membership and lack of necessary funds has prevented the establishment of this as well as other crucial programs vital to the profession's survival.

Pharmacists can assure the maintenance of a free, independent profession only by first addressing themselves today to the life and death issues to pharmacy which are raised by the government report. Results will come when they commit themselves to organized, planned courageous action based on the realities of the total social and health needs of our nation.



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President's Message

My fellow Pharmacists:

We extend our congratulations to President-Elect Nixon and Vice President-Elect Agnew and offer our prayers for their safety and well being.

With the change in the Governorship of our State, we will have new opportunities for consideration and understanding of pharmacy's problems. We trust there will be continuous liaison with pharmacists and expanded recognition of their vital professional and economic interests by the new administration in formulating health policies.

Arrangements are already under way to take the Continuing Education Program wherever pharmacists will gather to hear it. Local Associations are advised to call Dean Kinnard at the School of Pharmacy.

We have taken a strong stand with the Pharmaceutical Manufacturers' Association concerning their advocacy of prescription price advertising; at the same time we have congratulated NARD and APHA for their cooperation. They can work together if they try.

If any member has a matter he would like to bring before the Executive Committee, please contact me by phone or mail. I will arrange for a personal appearance or I shall be glad to take the matter up with the Executive Committee for him.

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President

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Maryland Pharmaceutical Association Honorary President

Charles E. Spigelmire, the Honorary President of the Maryland Pharmaceutical Association for 1968-69, is a Baltimore pharmacist who has been Chairman of the Public Relations Committee of the MPhA since 1953 and Treasurer of the Baltimore Metropolitan Pharmaceutical Association since 1954. During the same time, he has served as Publicity Chairman for the B.M.P.A.

He was born in Edgewood Pennsylvania, a suburb of Pittsburgh, and is a graduate of Loyola High School in Baltimore. He received his Ph.G. in 1929 from the School of Pharmacy, University of Maryland.

On behalf of the Maryland Pharmaceutical Association, Mr. Spigelmire for eight years conducted the "Best Neighbor" weekly television series which portrayed the professional background and activities of pharmacists. At the present time, he is conducting the radio program "Your Best Neighbor" on W.C.A.O. This program was launched by him over ten years ago. This public relations project is broadcast every Sunday evening and includes presentations on pharmacy, medicine and public health. Many prominent guests in other health fields are featured in addition to leaders in pharmacy.

Other public relations efforts of Mr. Spigelmire have been with radio stations W.F.B.R., W.I.T.H. and W.B.M.D. for both the Maryland and the Baltimore Associations. He has also been a leader in the Association programs concerned with inter-professional relations and exhibits, Diabetes Detection Week, Poison Prevention Week, National Pharmacy Week, and both the Maryland and Baltimore City Health Department. He actively promoted the concept of pharmacies as "Health Information Centers"

and espoused the installation of racks made available by the MPhA.

Mr. Spigelmire also devoted considerable effort and time to MPhA and BMPA Membership Committee activities and served on the BMPA Annual Banquet Committee. He has been designated as Grand Marshal for both the MPhA and Alumni Association of the University of Maryland School of Pharmacy for their Annual Banquets.

He finds time to give talks with slides and exhibits of drugs and chemicals to civic, PTA and fraternal groups on "Accidental Poisoning in the Home."

Honorary President Spigelmire is a member of both the Maryland Council and the Charles Carroll of Carrollton Fourth Degree Assembly, Knights of Columbus. He was appointed Executive Assistant to the State Deputy of the Knights of Columbus in Maryland. He also belongs to the Alcala Caravan of the Alhambra and the Holy Name Society.

He is a member of the American Pharmaceutical Association, the National Association of Retail Druggists and was elected Third Vice President of the Maryland Academy of Medicine and Surgery.

Charles Spigelmire is married to the former Josephine Kaminski and they have three children: Charles, III, with the Department of Agriculture, Bureau of Rural Electrification; Mary Jo, married to Dr. Joseph J. Tecce, a psychologist in Boston; and Michael, a Major in the United States Army who has just returnel from Viet Nam.

Mrs. Spigelmire is equally devoted to pharmacy and is now serving as First Vice President of the Ladies Auxiliary of the MPhA (LAMP).

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Secretary's Script ...

A Message from the Executive Secretary

Questions Often Asked

Members of a profession organize themselves into an association to advance the profession's aspirations and to make it more effective to serve the public interest. This can only be accomplished when the members of the profession and others associated with it who have certain mutual goals and interests and provide the funds necessary to accomplish the desired objectives.

The Maryland Pharmaceutical Association's Executive Committee has been concerned with devising ways and means to secure the funds adequate for the operation of programs and employment of staff to meet the current and emerging tasks. The problems and needs are many times more complex and more numerous in the entire field of health, including pharmaceutical services.

Planning must be for today, for next year and the decade ahead.

It is imperative that the base of support among pharmacists for the MPhA and the local societies be broadened. This will result in (1) the increased strength that comes from pure numbers and (2) the ability to carry out more programs and act more effectively that comes from operating with sufficient funds.

To this end, we are launching an intensive and extensive campaign to enroll every pharmacist as a member of MPhA. In the areas where joint or reciprocal membership agreements have been consummated, the campaign covers membership in both state and local societies.

The campaign, under Membership Committee Chairman, Joseph U. Dorsch will be organized with area chairmen who, in turn, will assign names of prospects to soliciting pharmacists. The plan is to have only a few names assigned to any one person for personal contact.

This effort is crucial to the future of the MPhA which, of course, will affect to a great degree what kind of profession of pharmacy we will have in Maryland.

Membership figures are critical. Your Association representatives are constantly asked: How many members do you have? Whom do you represent? What percentage of pharmacies are covered by your group? What percentage of pharmacists belong?

By being presently a member you have demonstrated your concern for your profession. You can demonstrate your commitment by (1) making sure all your pharmacist associates, friends, employees and employers are members, (2) accepting the names of a few pharmacists to visit and enroll.

This is the plan—is there any other way?

Reciprocal Membership and a House of Delegates

The key to maximum organizational strength and full utilization of all resources is reciprocal membership, joint membership or federation of state and local associations.

The Allegany-Garrett Counties Pharmaceutical Association and the Eastern Shore Pharmaceutical Society require MPhA membership as a prerequisite and this is reciprocated by the State group.

Now the largest local in the State, the Baltimore Metropolitan Pharmaceutical Association has agreed to reciprocal membership.

This leaves only the Prince Georges-Montgomery County Pharmaceutical Association, the Washington County Pharmaceutical Association and the Maryland Society of Hospital Pharmacists as the groups that have not as yet moved to form effective unions.

Reciprocal memberships still leave all parties in control of their internal affairs. They remain self-governing, but will be able to have a full voice in the MPhA through representatives of their own choosing in an MPhA House of Delegates which we believe must be established.

Sustaining Membership

A second part of the MPhA fiscal program is the establishment of a new

category of membership: **Sustaining Membership**. This is for firms supplying the pharmacies of Maryland. It is intended to replace the requests previously made for the Annual Convention, banquets, the "Drug Show" and similar projects. The fee is determined individually for various categories. Members will be contacted to assist the Finance Committee in this important activity.

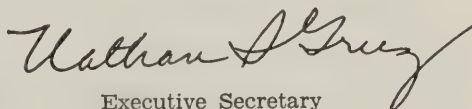
HOLIDAY GREETINGS

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Samuel L. Fox, M.D.*

German Measles Can Be Dangerous

Rubella, commonly known as "German Measles," has always been thought of as a mild inconsequential disease of childhood. It starts as an acute febrile disease with early skin manifestations not unlike that of measles. After an incubation period of from one to three weeks after exposure to the virus, the patient will exhibit slight fever and catarrhal symptoms, sore throat, pains in the limbs and the appearance of an eruption of red papules similar to those of measles but disappearing without desquamation (peeling) within a week.

Disease Effects Adults

In recent years it has been recognized that this disease affects adults more often than previously realized and sometimes with devastating results. Dr. Frank J. Kaltreider, Chief of Obstetrics and Gynecology at the Baltimore City Hospitals, carried out some of the earliest research on this disease and was among the pioneers in establishing the seriousness of the disease when it

occurs in pregnant women, especially in the early months of pregnancy when the fetus is undergoing its greatest development. The central nervous system of the fetus is very susceptible to the rubella virus and such children are often born with severe impairment of vision, hearing and other brain damage. It is for this reason that therapeutic abortion is recommended and carried out on women who have suffered a rubella infection during the early months of pregnancy.

Recently a vaccine for rubella has been developed which appears to be 90% effective in large scale trials. In a very large field trial recently, carried out during an epidemic of the disease, rubella vaccines were proven to be more than 90% effective in preventing the disease. The announcement was made by the National Institute of Allergy and Infectious Diseases, which is responsible for developing a vaccine before the next expected epidemic of rubella in the United States in the 1970's. The recent trial was carried out in Taiwan earlier this year. The trial was conducted in 6,000 first to fourth grade school boys during an epidemic which affected 41 to 68 per cent of the grade-school children. Three vaccines were tried.

The rubella vaccines had no effect in boys who were already developing natural rubella, but those who were inoculated prior to exposure received 93 to 95 percent effective protection. (Girls were not included because it was felt that it would be better for them to get the natural disease, which is known to give long-lasting immunity).

Importance of Vaccine

The importance of having a vaccine on the market before the next rubella epidemic cannot be over-emphasized. It is felt that many children born to mothers who were pregnant during the

*Dr. Fox graduated from the School of Pharmacy in 1934 and the School of Medicine in 1938. He is a practicing ophthalmologist on the staff of the University of Maryland Hospital.

1964 epidemic have brain damage which will not be evident until they start to school. It is known that some 30,000 children suffered defects caused by congenital rubella during that epidemic, but many more are expected to show learnings defects after entering school in 1969 and 1970.

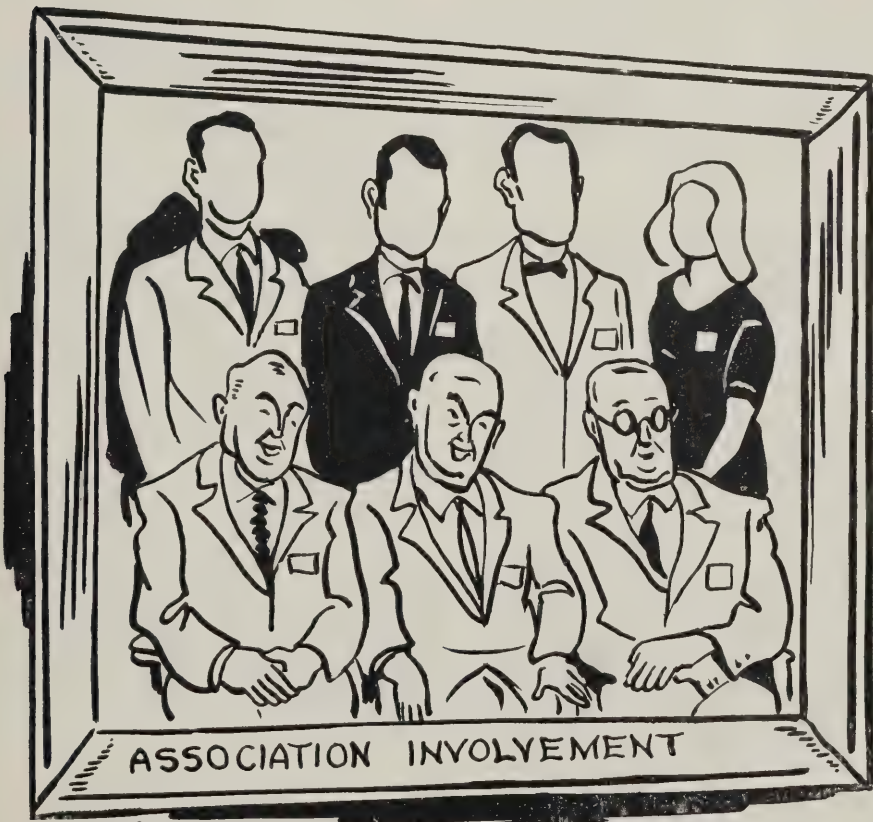
At the present time no one knows which of the several vaccines being tested will prove to be the best one. Also, it is not known as yet how long

the immunity will last. Only time and experience will answer these questions.

Eradicate Another Scourge

It is hoped that the vaccine will ultimately make possible large-scale immunization of children so that few susceptible females will have the opportunity to be exposed to the disease in adult life. Thus another scourge may at least be eradicated from mankind.

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R. L. Sullivan Jr.

NEW FACES NEEDED — THOSE OF YOUNG PEOPLE

University of Maryland, School of Pharmacy, News

Alumni Dinner Meeting

The Alumni Association of the University of Maryland School of Pharmacy will hold its Alumni Dinner Meeting Thursday, March 13, 1969 at Eudowood Gardens.

Social hour 6:30-7:30; Dinner 7:30-8:30. William J. Kinnard, Jr., Dean of the school will be the guest speaker.

Annual June Banquet

This affair will take place at Eudowood Gardens on Wednesday, June 4, 1969. Social hour from 6:00 to 7:00; dinner from 7:00 to 8:00, with program from 8:00 to 10:30. By popular request, the Bob Crow orchestra will again play at the affair.

The graduating class of the University of Maryland School of Pharmacy, 1969 will be guests of honor.

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APhA-MPhA Student Chapter

The American Pharmaceutical Association has just released the 1968-1969 Student Section Directory. The University of Maryland School of Pharmacy is co-sponsored by the APhA and MPhA.

The APhA Student Section Annual Meetings are as follows: 1969—Laurentien and Windsor Hotels, Montreal, Canada, May, 17-19. 1970—Washington, D.C., April 12-17. 1971—San Francisco, California, March 27-April 2.

Student Section Committees

Representing the University of Maryland School of Pharmacy Chapter on the following committees are: **Regions**, John C. Yorkilous. **REGION 11**: Secretary-Treasurer, John C. Yorkilous.

The next regional meeting of Region 11, Student Section will be held February 28-March 2, 1969 at the University of

Maryland, College Park. John Yorkilous is the Chairman, Local Arrangements.

Local Officers

University of Maryland School of Pharmacy, 636 West Lombard Street, Baltimore 21201. Telephone (301) 955-7650. Dean, William J. Kinnard, Jr.

APhA-MPhA Student Chapter Faculty Advisor: Dean E. Leavitt. President, David Jones. Secretary, Richard Crooks.

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636 West Lombard Street
Baltimore, Maryland 21201
October 28, 1968

Mr. Samuel Wertheimer, President
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland 21201

Dear Mr. Wertheimer:

The Class of 1969 of the University of Maryland School of Pharmacy expresses appreciation for the invitation to attend the Maryland Pharmaceutical Association meeting in Frederick last week. We feel sure that this is a step forward in encouraging students to join and to be active in the MPhA.

It is the opinion of the class that advancements like this must be accomplished in order to encourage the new pharmacists to express their ideas and to see them become reality by working with organizations like the MPhA and the APhA; and to see the profession of pharmacy once again return to the esteem it has held in the past. We hope to be active in the state association, and to support its functions in the near future.

Sincerely,

John M. Motsko, President
Class of 1969

JMM:bfs

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Pharmacy Changes

The following are the pharmacy changes which occurred during the month of November:

New Pharmacy

Howard Pharmacy, J. R. Brinsfield and W. T. Clinger, 804 Conowingo Road, Bel Air, Maryland 21014.

Changes of Ownership, Address, Etc.

Howard & Morris, Pinehurst Pharmacy, Morris Bookoff, President, (Formerly owned by Fred W. Apitz), 6227 Charles Street Avenue, Baltimore, Maryland 21212.

Howard Park Pharmacy, Sidney Zerwitz, President, (Change from individual ownership to corporation), 5114 Liebrty Heights Avenue, Baltimore, Maryland 21207.

Manchester Pharmacy, Henry J. Glaeser, Jr., (Formerly located at 3 Westminster Street), 10 Westminster Street, Manchester, Maryland 21102.

Alpha Zeta Omega

The dates of the National Convention has been changed to July 27-31, 1969. The convention will be held at the Sheraton Motor Inn, South Hills Village, Pittsburgh, Pa. The Pittsburgh Chapter will be the host chapter.

Newspaper Contest

To qualify, chapters must publish at least four issues of a newspaper. The judges for this year newspaper contest are: Morris E. Blatman, Executive Secretary of the Philadelphia Association of Retail Druggists; George B. Griffenhagen, Editor of the APhA Journal and Dr. Joseph B. Sprowls, Dean of the College of Pharmacy, University of Texas.

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Contributions to the Maryland Pharmacist

News articles and manuscripts should be submitted to the Editor, Nathan I. Gruz, The Maryland Pharmacist, 650 West Lombard Street, Baltimore, Maryland 21201.

Copy should be typewritten in duplicate on 8½x11 inch typewriter paper. Sufficient margins should be allowed at top, bottom, left and right. Each page should be clearly identified with the article by a short summary in the upper left hand corner.

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Prescription Drugs and Pharmacy

Comments on a Federal Task Force Report*

by

Nathan I. Gruz

Executive Secretary, Maryland Pharmaceutical Association

Editor, *The Maryland Pharmacist*

The Task Force on Prescription Drugs was appointed in May 1967 by John W. Gardner, then Secretary of Health, Education and Welfare, for the purpose of studying the possibility of including out-of-hospital prescription drugs as a medicare benefit. Two interim reports have been released with some recommendations, although the studies needed to comply with the basic charge have not as yet been completed.

Secretary Gardner, in his charge to the Task Force pointed out that:

"Two basic aspects of health care are the **quality** of the care and how much it costs. The Federal Government is concerned with both. We want to achieve the **highest quality health care possible** for all Americans, and we want to achieve the **lowest possible cost consistent with high quality.**"

He went on to cite the role of drugs and the burden of drug expense experienced by many older Americans—a burden not covered by Medicare for patients who are not hospitalized.

Mr. Garner concluded his announcement with the statement:

"In all of its work, I have asked the Task Force to **measure the value of possible solutions not only in terms of dollars to be saved, but in the quality of health care to be delivered.**"

The report calls for action by the professions of pharmacy and medicine, the drug industry and the Federal government. There were twenty recommendations designed "to improve the development, production and distribution of drugs."

All elements in the pharmaceutical complex are unquestionably in accord with the aims of the study. Why then has it engendered such a deluge of comment and criticism?

After repeated reading and considerable study, one concludes that a careful comprehensive review would take many hours and many pages. We can only cover the highlights with emphasis on the aspects which have particular impact upon practicing pharmacists and also indicate something of the scope.

The first interim report in March contained two proposals:

"... legislation permitting the establishment of reasonable cost and charge ranges, and limits of Federal participation in reimbursement for drugs supplied under Federal health programs. It also endorsed the concept of a drug compendium, following extensive studies by the Food and Drug Administration of the need for a more comprehensive, up-to-date publication on drug characteristics and drug prices."

These subjects are also involved in the second interim report, but full details of the information obtained by the Task Force will be published as a series of background volumes.

*Task Force on Prescription Drugs,
Second Interim Report and Recommendations,
Office of the Secretary
U.S. Department of Health, Education and
Welfare, Washington, D.C.
August 30, 1968—Released September 13, 1968

The first recommendation of the Second Interim Report is that:

"... the Social Security Administration should expedite the completion of its detailed studies on program financing, program administration, and reimbursement methods for several alternative approaches to the inclusion of prescription drugs under Medicare.

"The Task Force deferred any definitive recommendation on the possible inclusion of out-of-hospital prescription drugs under Medicare until the completion of these studies."

The report states that the government should conduct continuing surveys on drug costs, average prescription prices and drug use. Certainly, objective, scientifically obtained data is needed.

The "reasonableness of drug prices" is a major concern of the report. This is reflected in the report's recommendations, each of which is set in bold and accompanied by our comments as follows:

- (1) **Consideration should be given as to how the drug industry could devote more research to produce significant improvements rather than duplications.**

We believe this is a worthy objective but how can it be accomplished without curbs that might hamper experimentation which often results in vital breakthroughs?

- (2) **Steps are outlined to assure the proper drug quality of all drugs—both in intra-state and inter-state commerce.**

We are all anxious to establish a mechanism to assure the quality and effectiveness of drugs regardless of source. The recent work of the FDA is encouraging in this field and should be accelerated.

- (3) **Methods to limit free drug samples should be instituted.**

Among the practices of manufacturers that have been a source of much friction has been promiscuous dissemination of samples. Recently some manufacturers have devised systems whereby a supply of a drug is given to the patient as a prescription without any charge to the patient. These well intentioned schemes still fail to fully satisfy both the professional and economic legitimate considerations of pharmacists. This concern of the Task Force is one we have had for a long time.

- (4) **Methods to ascertain actual acquisition costs of prescription drugs should be developed.**

Pharmacists and prescription plan administrators are anxious to eliminate the time-consuming determinations and set fair guidelines for "acquisition cost." Resolution of this problem in an equitable, feasible system would be welcome to all.

- (5) **Study of price differentials by manufacturers to community hospital and government purchasers and differentials to American and foreign purchasers should be made to determine the impact on drug prices.**

Pharmacists are gratified that a number of drug manufacturers have recently established "one-price" policies to all purchasers. It is only following intense and continuous organized pressure that this has come about. It is our hope that this policy will voluntarily become industry-wide without the need for legislation.

In the section on drug distributors, we come to one that contains recommendations critically affecting the practice of pharmacy:

- (1) **legislation to require that prescriptions be labeled with the**

identity, strength and quantity of the product, unless specifically waived by the prescriber.

So far this requirement by some physicians has enabled patients to become involved in an area of health care with many of the results of "a little knowledge is a dangerous thing." This often encourages self-medication in later illnesses, giving medication to others, recommendations to others and pressure on prescribers for certain drugs. The argument that labeling will enable quicker identification when necessary is becoming less tenable as manufacturers proceed to adopt identification codes and distinctive product design characteristics. The major motivation by some physicians seems to be to use labeling as a replacement for proper medication records. Perhaps the use of a national code number will satisfy the safety and other factors that are cited by some.

- (2) The report states a need was found **"for medical associations, pharmacy associations and consumer groups, working together at the local level, to develop mechanisms whereby patients may obtain information on local prescription prices, especially for long term maintenance drugs."**

With some pharmacies using merchandising promotional methods for prescription services to the detriment of the profession and the public, this recommendation represents a threat to the survival of pharmacy as a free independent profession. No other profession is required to place its services on the auction block. Experience indicates that confusion fraught with danger results when laymen of varying sophistication and knowledge attempt to shop

prescriptions on price alone. It is an invitation to chaos in patient care.

- (3) **encouragement for prepackage dispensing in which manufacturers prepare and pharmacists dispense tablets and capsules in pre-counted form, in sealed, pre-labeled containers, and in such numbers as conform to those most frequently prescribed by physicians.**

The reason given is "to promote efficiency and minimize errors." Whether the increased package cost will be offset by savings in dispensing cost, we do not know. With a pharmacist dispensing drugs in either case there is a question as to whether the present proximity to zero error will be changed. The question arises as to whether pre-packaging is being encouraged to enable the greater utilization of sub-professionals regardless of other factors such as complicating inventories of community pharmacies.

This brings us to the section on **"The New Roles of Pharmacy."** It is pointed out that in contrast to medicine and surgery there have been few innovations "to enhance the efficiency of retail pharmacy operations."

The Task Force therefore recommended that the government develop and support research to improve the efficiency and effectiveness of community and hospital pharmacy operations. The "count and pour" role of the pharmacist in the eyes of the public with much of his time devoted to merchandizing of commodities with little or no relationship to health is noted. As many pharmacists seek a new role as a drug information specialist, doubts arise about the relevance of current pharmacy education. The efforts of some schools and state pharmacy associations in stressing continuing education is commended.

The Task Force recommended the support of: (1) development of a pharmacist aid curriculum in junior colleges and other institutions; (2) development of curricula to train pharmacists as drug information specialists; and (3) a broad study of present and future requirements in pharmacy and the educational changes that must be made.

There are differences of opinion as to what the role of the pharmacist can be today and in the near and distant future. However, many colleges of pharmacy are already training students to become drug information specialists. Community pharmacists through maintaining and properly using patient medication record cards are becoming valuable aides to physicians in drug reactions and other medication problems. In hospitals, pharmacists are moving into the clinical settings to become truly part of the patient health care team.

Pharmacists, with the personal experience or knowledge of a recent era when sub-professionals were recognized, have reason to be apprehensive about establishing a recognized sub-professional category to be known as a "pharmacy aide" or "pharmacy technician." As a matter of fact, however, many non-licensed persons are presently employed as aides to licensed pharmacists in community, hospital and military installations. In the case of the military, practical considerations have often made the use of pharmacy technicians a necessity. These are individuals with only army or navy technician school training. The question becomes whether establishing formal, institutionalized training for aides would not eventually result in demands for recognition and functions which would erode the protection now given the public. We believe the public is best served when a licensed pharmacist is continuously present, intimately supervises and is personally responsible for all pharmaceutical services provided in any estab-

provement of the quality of health care, lishment. For the present, there is no demonstrated wide-spread need for instituting college-level training for aides. The challenge to pharmacy is to accelerate greater utilization of more pharmacists in professional health care functions.

The section on drug prescribers contains many recommendations of interest to pharmacists. One asks for expanded support for courses in clinical pharmacology at medical schools so that physicians can be better equipped for a scientific and critical attitude toward the use of drugs and evaluation of drug promotion.

There is a call for the government to establish or support a **publication on drug therapy and continuing education** on rational prescribing. This section also calls for HEW to publish a **federal drug compendium** which would include price information.

Drug quality recommendations include intensification of HEW efforts to determine biological equivalency of chemical equivalents and greater support for FDA inspections to assure quality control.

There are recommendations such as drug classifications and coding and drug information publication and distribution which the American Society of Hospital Pharmacists has already developed to a great extent. ASHP has devised a drug classification program now used by government agencies. The ASHP American Hospital Formulary Service is an on-going drug compendium system. The ASHP has also designed a coding system, the Drug Products Information File.

Finally there is emphasis on support for pilot research projects on prescription drug utilization review methods. This refers to utilization review as a dynamic process aimed first at rational prescribing and the consequent im- and second, at minimizing needless expenditures.

The experience in a number of states where utilization review has been established has indicated that both objectives—quality and savings—can be advanced by this mechanism.

We look forward to the release of the background volumes which provide information which we are advised is the objective basis and source material for the report. These should certainly serve to stimulate considerable discussion and further research.

The Task Force Report is obviously, then, a document that merits and requires a high priority of attention from all who are concerned with the nature of the health delivery system in our country.

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Nathan I. Gruz, Editor
Maryland Pharmacist
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N.A.R.D. CONVENTION — BOSTON, OCTOBER 9, 1968

Left to right—Donald O. Fedder, Pres. B.M.P.A.; Hubert H. Humphrey, Vice President of the United States; Samuel Wertheimer, Pres. M.Ph.A. and Nathan I. Gruz, Exec. Sec. M.Ph.A.

Proud Of Pharmacy

Pharmacy has lost one of its firm believers in Pharmacy and an outstanding leader in the passing of David A. Boyd.

P.O.P. after his signature was Mr. Boyd's trade mark. P.O.P. stood for PROUD OF PHARMACY, and every inch of David was for Pharmacy.

Mr. Boyd was executive secretary and treasurer of the Metropolitan Pharmaceutical Secretaries Association and secretary of the Allegany (Pa.) County Pharmaceutical Association.

P.O.P. Memorial Award

The Metropolitan Pharmaceutical Secretaries Association at its meeting held

in Boston on October 4, 1968 set up the David A. Boyd, P.O.P. Memorial Award in honor of Mr. Boyd. The award is to be given to a pharmacist best exemplifying the ideas and aspirations of Mr. Boyd.

Nathan I. Gruz, executive secretary of the Baltimore Metropolitan Pharmaceutical Association and Paul Reznick, secretary of the Prince-Georges-Montgomery County Pharmaceutical Association are members of the Metropolitan Pharmaceutical Secretaries Association. Mr. Reznick is also a regional director of the Association.

We extend Greetings and Best Wishes

to our members and many friends for a

Happy and Prosperous New Year.

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Baltimore Metropolitan Pharmaceutical Association

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President's Message . . .

The task ahead . . . Elections have been held and your new officers have been elected to lead the Association forward in the months and years ahead. The large task they have before them, is the implementation of the reciprocal dues arrangements and the establishment of a workable program that will be both informative and interesting to all members.

Responsible pharmacists recognize the importance of strong associations. The tired old cliques, ("united we stand," etc.) are true, nevertheless. Your representatives must speak from a position of strength when talking for you. There is no better indication of strength than the percentage of pharmacists that pay dues in their Associations. This is why it is imperative that each and every member take on the responsibility of seeing that his friends and colleagues become dues paying members of the State and local Associations.

The large chains in Maryland have long recognized this fact and have assumed their rightful responsibility in supporting their organizations. It remains for more independent owners to seek the support of their colleagues now. Make it easy for your colleague or associate pharmacist to join by collecting his dues for him (it is only \$1.00 a week!) and remit them with your dues. And remember, this will result in a saving on office expenditures and it is your money you are saving.

Our leaders have a large task to involve all new members in Association work and there is room for everyone who wishes to work for the good of pharmacy. All ideas are welcomed, although all ideas cannot be implemented. What we must do, particularly when we find something we do not like, is to make our thoughts known and suggest alternative programs that you are in favor of. No one person should arbitrarily make decisions that are binding on all of us.

DONALD O. FEDDER
President

B.M.P.A. Elects Lachman President

Bernard B. Lachman, a Baltimore Pharmacist assumed the office of President of the Baltimore Metropolitan Pharmaceutical Association for 1969 at its Annual Meeting held Thursday evening November 21 at the Town House Motel.

The following officers were also elected: President Elect, Anthony G. Padussis; Vice Presidents, Irvin Kamenez, Joseph L. Okrasinski and George J. Stiffman. Re-elected were Nathan I. Gruz, Secretary and Executive Director and Charles E. Spigelmire as Treasurer. B. Dorsey Boyle, Regional Staff Assistant of the Coca-Cola Company, was elected Honorary President.

Fedder Named Chairman of Executive Committee

Donald O. Fedder, immediate Past President, was elevated to the post of Chairman of the Executive Committee. Elected to new terms on the Executive Committee were: Paul Frieman, Sam A. Goldstein, Chester L. Price, Paul Siegel and Harry Wille. Completing the balance of their terms on the Executive Committee are: Joseph U. Dorsch, Wilfred H. Gluckstern and Robert W. Henderson. Francis S. Balassone, Secretary of the Board of Pharmacy and Dr. William J. Kinnard, Jr., Dean of the School of Pharmacy, University of Maryland were elected as ex-officio members of the Executive Committee.

Annual Meeting Briefs

The featured speaker at the Annual Meeting was Major William A. Harris, Director of Community Relations, Baltimore City Police Department. Major Harris reviewed the progress made in professionalizing the Baltimore City Police Department under Commissioner Donald D. Pomerleau. He discussed the importance of improving understanding with various groups in order to prevent

unrest and violence. Major Harris stated that, with citizens support, the Police Department was closing the gap in vacancies and was able to purchase many types of modern equipment. The "Store-front Centers," neighborhood relations centers, are improving communications with the neighborhood residents.

1968 Association Activities

Outgoing President, Donald O. Fedder, reported on the past year's activities and outlined the proposed reciprocal membership agreement with Maryland Pharmaceutical Association. Secretary Gruz, in his Annual Report, reviewed the three major areas of concern during the past year, which were: Medicaid, Comprehensive Neighborhood Health Centers and the effects of civil disturbance. He recommended that liaison with all city agencies involved in rehabilitation be established to determine the extent of health needs. He further recommended that emphasis be placed on the local governmental health and public relations program.

Installation Banquet

President Elect Padussis, Chairman of the 1969 Installation Banquet Committee, announced that the event would take place on Sunday, January 26th, 1969 at Emerald Gardens.

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Fluoridation Census

Baltimore and Washington, D.C. are among eight of the Nation's largest cities that have fluoridated water supplies according to the 1967 Fluoridation Census.

The other cities are New York, Chicago, Philadelphia, Cleveland, St. Louis and Detroit. Los Angeles and Boston have not instituted fluoridation of their water supplies.

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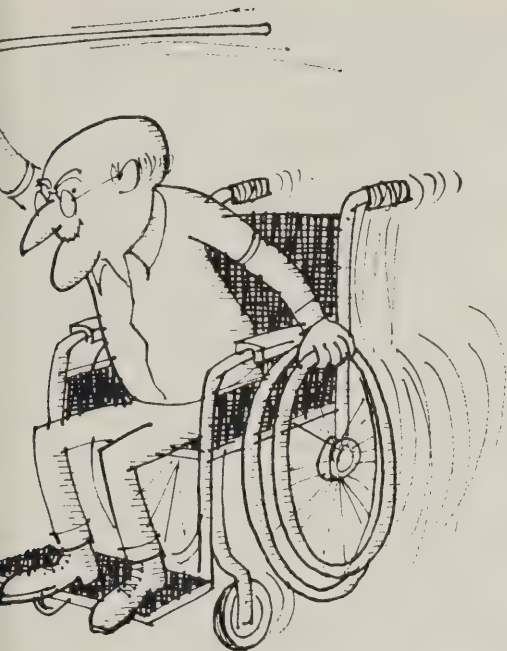
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THE SYMBOL OF SERVICE TO PHARMACY

A Board of Pharmacy Member Views The Subprofessional

By MORRIS R. YAFFE,
Member Maryland State Board of Pharmacy

**Presented before the National Association of Retail Druggists' Convention, Boston, October 11, 1968.*

Historically, the apprentice, subprofessional, pharmacist assistant, or any nomenclature describing the pharmacist assistant, has caused a great deal of difficulty for pharmacy throughout the years, and has stifled the attempts of the profession to lift itself and provide a uniform image of just what a pharmacist is. Very few states today have laws that attempt to define the activity of a registered pharmacist and how he should handle a prescription in a pharmacy. We in Maryland, in the seventy years that the state has regulated pharmacy, have never had a definition of the practice of pharmacy until two years ago; and then only after a seven year battle with the legislature, and we still do not have the duties of the pharmacist spelled out.

Now comes the proposition of recognizing a subprofessional. Are we to throw away the years of work that we put in, to rid ourselves of a second rate citizen? Are we going to try to recognize the fact that a sub-standard-worker, can do the work of a registered pharmacist? I think this is madness! We have only to look at our Nurses Association and see what havoc was provoked by recognizing the Nurses Aid and the troubles our sisters in this branch of the medical team is having. To try to promote substandard help in the medical field is asking for trouble, confusion and catastrophe in the medical fields.

Our educators, in some instances, have expressed themselves to the fact that

we should have schooling for such substandard helpers. The government has also joined in with their Task Force Recommendations by HEW to promote the establishment of school curriculum for subprofessionals. Then in the next breath Uncle Sam wants the country to have the best in medical care. How can you have the best in medical care with substandard help? They claim there is a shortage of professional personnel, why should we expand all this effort to obtain substandard help, when we could use this same effort to entice more students to take up the profession of pharmacy, not a subprofession and become a second class citizen!

It is true that many of our pharmacists use helpers in their pharmacy to do menial tasks, but they are not labeled as to their status, they are merely employees. If we recognize these subprofessionals, what is to stop them from organizing, seek legislative recognition, establish authority for their existence; and soon, we will revert back to the PA system that never really worked and was impossible to enforce.

The Real Issue Involved

The real issue involved with the technician or subprofessional is not whether it is right or wrong to employ such a person, if he is labeled as such, but what effect will it have on the professional ethics and standards of pharmacy itself. There are no real guidelines in the educational system which specify functions that a pharmacist can delegate to a helper. There are no guidelines in any training or experience program that will specify which functions do not require pharmaceutical judgement.

It is difficult to divorce the pharmacist's competence from his professional judgement. This is, and must be, apart of him. His education and experience combine to make a professional, but they do not tell him that "this" only he should do and "that" he can delegate to a subordinate. It is legally questionable, whether a pharmacist can delegate duties to a subprofessional or helper. Where does the responsibility end, and who assumes the responsibility of the subprofessional?

In a recent talk by Mr. Gavin Herbert entitled "Prescription 1970 Plus 10," in its content he foresees a tremendous increase in the need for the help to fill the enormous amount of prescriptions that will be written. He foresees medical and pharmaceutical automation, wherein, the use of subprofessionals would be used to facilitate the workings of the automatons. I do agree with him in the fact that the prescription load will be such that we will need more trained men not substandard, in order to be able to interpret the complicated diagnosis and remedies applied thereto. We have been forewarned that we should look to the future and promote more candidates for the professions. I feel that we must have our two national organizations join together with a consolidated effort to promote some schemes to fulfill this personnel gap. Perhaps the use of the summer vacation time to speed up the preparations of these students for their profession, would increase the output, induce more students and narrow the personnel gap. In the past several years, the NABP has shown that the registration in Schools of Pharmacy is in an upward trend. With the help of our two national organizations full efforts, we can attain the goal that we seek in professional personnel. In the past few years, the NABP has suggested for discussion this very same topic which we are discussing at this time. It is time we implement these suggestions with

strong national action. The public wants the best health care—If we are not in the position to do it professionally, they will look elsewhere with the aid of Uncle Sam.

Promotion of The Sub Professional

It has crossed my mind that the momentum, supplied to the promotion of the subprofessional, comes from many of our hospital directors and our highly commercialized chain operated so called drug stores. The hospital director is looking to save money as is the chain store operators by using substandard help and in some instances substandard medicinals. These chain operations are hiding behind the shield of pharmacy, using pharmacy as a loss leader to implement the sale of such items as groceries, auto appliances, furniture, ladies undergarments, soft goods of all kinds, paints and hardware, guns and camping equipment, and other "related pharmaceutical products". Is this not degrading, why must they be licensed to protect the health and welfare of our people? To these operators, subprofessionals would be a Godsent. They could operate their pharmacy with one pharmacist and ten subprofessionals, and have the pharmacist act as a checker or overseer, to guarantee the safety and welfare of the public. But this has been proven time and again to be a fallacy. No matter how conscientious or faithful, a human being is, he reaches a point where his inspection becomes customary, and over an extended period, non-existent.

As medication has grown in purpose and potency, so has the possibility of abuse. To create a situation where more confusion, more room for error, and the possibility of lowering the professional standards has even a slight chance of existing, is to create a situation that goes against the very nature of pharmacy and the pharmacist—to provide for and protect the public health, welfare and safety.

In summary, I would like to beg your indulgence and read you some excerpts of a speech by Dr. Harold G. Hewitt, Dean, School of Pharmacy, University of Connecticut, in which he so aptly expresses my thoughts.

"It is vitally important, in light of present moves toward a more socialized state, to be ever alert for any danger inherent in promised relief of shortages in any professional calling.

Support From Hospital Pharmacists

"The greatest support for utilization of such technician trainees seems to come from some of our hospital pharmacists. In a number of their surveys seeking support for this type of training, they imply that as long as they find the helpers, the non-professional title is unimportant. I feel that their search for help has clouded their thinking as to the possibly dangerous political implications.

Every hospital today is employing non-professional help in an ever increasing number. There is no reason why certain duties, not entrusted by law to pharmacists, cannot be further expanded if the salary is right. Why, I ask you, is it necessary to call them pharmacy technicians, pharmacy aides, pharmacy workers or any other designation carrying reference to pharmacy or pharmacists?

Let us benefit by a somewhat unfortunate experience suffered by our sister profession of nursing in their ramifications in titles such as nurses aides, etc. May I remind many in this audience of our experience during the era of assistant pharmacist of not so long ago and of its political consequences. We would again experience a repetition of this episode because their numbers would likewise find political support in elevating them to the title of pharmacist because of their exposure to the atmosphere of pharmacy. Our privileges as a registered pharmacist gained through scientific collegiate

training would be placed in jeopardy on this political auction block.

Only through holding the line in the best interest of professional services with adequately trained public health servants, can we protect the profession of pharmacy from those who would "sell out" for cheap help to cover certain store or hospital duties now properly protected by law.

Let us do everything possible to show up the weaknesses in our professional structure, while we still have some control of the destiny of the future of pharmacy in our hands. This is a problem not only for each of us as a pharmacist, but the responsibility of our state associations and/or Commissions or Boards of Pharmacy as well.

If we do not work together toward this improvement and if we are not wise enough to do this on our own, we deserve to lose control of the destiny of our profession. I don't believe you want this any more than I do. Let us read into certain bids of information something that may be an indication of things to come.

State or socialized medicine is here to stay and so we will be victims of similar moves without adequate defenses to avoid regulations from areas outside our present state control. What Medicare and related programs in the future expansion have in store for us is not clear at this time, but let us not drop our guard for one moment, when it comes to working toward improved standards in our practice of pharmacy.

Pharmacy Practice A Privilege

Let me repeat once more—the ability to practice pharmacy is a privilege granted us by law and like all privileges it carries with it some very definite responsibilities from each of us to retain it.

(This proposal to relieve us of certain professional responsibilities is indeed fraught with danger. History proves

that the lowering of standards is a dangerous path to follow. The extremes of such relaxation of training and duties was experienced in Germany in 1810 and in France after the French Revolution—decree of March 2, 1791. After but one year of professional privileges by unqualified practitioners, both countries quickly restored licensure by examination and training as the only way to serve the health of their citizens.)

I possess no inside information about things to come nor do I read a crystal ball, but I am certain that as we allow our professional services to be taken away from us and permit this group and that organization to continually chip away at our departments of store organization and in our responsibilities here and there, we endanger our privilege of licensure. Soon this loss and abuse of privilege may get beyond the boundaries of our state and we may then have federal licensure in the interest of the health protection of our citizens. It will then be too late.

No Compromise

A compromise with standards, whether in a health profession or in academic institutions, results in no standards at all.

We have only one kind of pharmacist—a well trained and educated practitioner, properly licensed through state laws. Beware of those who would sell our birthright as pharmacists under platitudes which on the surface seem so sound.

A Warning

My Second reason for my interest in this matter of a pharmacy technician, helper or what have you, is the form of a warning to my academic colleagues in our schools and colleges of pharmacy. Such proposals, presently being sponsored, at best are thought of as programs for technical school training. They might serve as an offering by a community college as a terminal course.

Such a course of "two year wonders" should not serve as a back door in gaining admission to a regular University program of adequate training at a truly professional and collegiate level.

It is difficult for me to imagine any recognized and accredited College or University diluting the energies of a hard working teaching-research staff in the direction of such tradeschoolism.

Should a program of this nature, without the tag of "pharmacy technician" or any modification implying pharmacy or pharmacist, be offered at the Junior or Community College level or at a Technical school, we might be asked to assist in such an endeavor. We should stand ready to offer our services in the capacity of consultants on curricular matters. We should resist any draft or programs carrying a bastardized title of pharmacy or pharmacist.

I can assure you that we at the University of Connecticut do not contemplate training any such second class health technicians.

The leaders in Connecticut pharmacy has discussed this topic and dismissed it as not in the best interest of our profession. The Executive Committee of the State Association unanimously passed a motion vigorously opposing any such category as pharmacy technician, "helpers" or anything like it. My compliments to a wise move by these far sighted guardians of Connecticut pharmacy.

Another bouquet is to be thrown in the direction of the Connecticut Department of Consumer Protection's Commission of Pharmacy. They, as of this date, have adopted a new regulation pertaining to who may receive a prescription order from a patron and who from that moment may process the presentation order. Presently, to legalize this regulation it is printed in the Connecticut Law Journal to take effect very soon. These regulations follow:

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2) When a prescription or a refill is effected by means of a written order, it shall be received by a licensed pharmacist, licensed assistant pharmacist, registered pharmacy intern, registered apprentice or a person acting as an agent under the pharmacists direction prior to compounding, filling, dispensing or furnishing thereof.

3) The preparing of the label; the checking of the directions on the label with the directions on the prescription to determine accuracy: the selection of the drug or drugs from stock: the placing of the finished product into the proper container: the affixing of the label to the container: the addition to the prescription of the required notations: and the filling of the prescription shall be done by a licensed pharmacist or a licensed assistant pharmacist or a registered pharmacy intern or a registered apprentice under immediate supervision of a licensed pharmacist.

We shall forget this dangerous nonsense and turn our efforts toward other pressing problems against those who sell us down the river. Only through actions of a constructive nature will we succeed in restoring a little of the lost prestige which we have suffered in recent years. Let us keep pharmacy strong!"

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STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

(Act of October 23, 1963; Section 4369, Title 39, United States Code)

1. Date of filing: October 23, 1968.
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7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)

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Volume 27

NOVEMBER, 1968

No. 2

T.A.M.P.A. News

By HERMAN BLOOM

T.A.M.P.A.'s Ladies Night at the Oregon Ridge Dinner Theatre for the third straight year was a sell out. We are proud to say that Pharmacy was well represented.

From the beginning to the end, the evening was a complete success. Cocktails were excellent and plentiful and the bar was well attended. The buffet was delicious and the serving was very well handled by the cast of the play 'A SHOT IN THE DARK.'

The play was in keeping with the rest of the evening, sparkling with humor, fast moving and very well acted.

The membership of T.A.M.P.A., their officers and committee are to be commended for giving us a memorable evening.

DRUGS FOR BIAFRA

Victims of the Nigerian-Biafra war are the recipients of emergency ship-

ment of drugs donated by 25 American pharmaceutical manufacturing firms.

The civil war has left an estimated five million persons homeless. Many thousands of people in the secessionist State of Biafra are reported to be suffering by gross malnutrition caused by protein starvation.

The shipment was coordinated by the Anti-Defamation League of B'Nai B'rith and distributed in the war torn area by the Catholic Medical Mission Board, Inc., the Interchurch Medical Assistance, Inc., and the International Red Cross in response to requests by the International Committee of the Red Cross, the U.S. Agency for International Development and the League.

Included in the donations were tetanus toxoid vaccines, insulin, digitoxin, analgesics, aspirin and antibiotics.

In a report from the Pharmaceutical Manufacturers Association it was noted that over \$400,000 worth of badly needed drugs have been donated.

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L.A.M.P.A. News

By ANN CRANE 426-6868

Did you know that—

Theodore G. Venetoulis, L.A.M.P.A.'s guest speaker at the Fall Regional Meeting appeared on the nationally televised "Today" show on Tuesday, November 5th? Our mock election, while just as close as the real thing, did not predict the winner.

Mrs. Herman Bloom is recuperating very nicely from her recent major surgery. Also, Mrs. Victor Morgenroth, Jr., we are happy to say, is showing good progress towards her return to good health.

The Program Committee is beginning to work up plans for our Spring Luncheon, or would you prefer something else? Now is the time to voice your suggestions to our Program Chairman, Mrs. Charles E. Spigelmire (HO 7-0948) or any officer or board member. We want L.A.M.P.A.'s activities to reflect your wishes. Please let us hear of any preferences you have. We need new ideas!

If you have moved, do let our corresponding secretary, Ann Crane (426-6868) know. We want to keep our membership lists up to date. L.A.M.P.A. was compelled to drop a good many names from its membership lists the past July, because our ladies had not paid their dues for two years. The task was not enjoyable. The annual dues are only \$2.50. We would appreciate any member that hasn't paid her 1968-69 dues to mail her check to our membership treasurer, Mrs. Manuel Wagner, 7307 Seven Mile Lane, Baltimore, Maryland 21208, today, while it's on your mind. If you are not sure, give Sadie a call, 358-9244. Let's all be paid up members. As you know, our only source of income is your dues.

Many members say they don't ever see THE MARYLAND PHARMACIST,

BECAUSE THEIR HUSBAND GETS IT AT THE PHARMACY . . . SO . . . DOC, please take the magazine home . . . your wife may like to read the L.A.M.P.A. news!

New Lab Division For Abbott

A new Consumer Products Division to market food, household and other non drug items has been announced by Edwin J. Ledder, President of Abbott Laboratories.

"Professional drugs, products and services will continue to represent the marketing effort," President Ledder declared. "But we do feel diversification and a spreading of our opportunities is in the best interest of our share holders and employees."

Diabetes-Dreypak Test Kits

Diabetic test kits are still available for distribution to community pharmacies patrons. Dreypak kits may be ordered through MPhA office 650 West Lombard Street, Baltimore, Maryland 21201 for a nominal cost of \$3.00 per hundred.

This is an excellent opportunity to perform an invaluable service to your community by the distribution of the diabetic test kit. The kits are returned to the Maryland Pharmaceutical Association. The actual testing will be performed by the Maryland State Health Department. The family physician will be notified of the results, if positive.

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MPhA Variable Pension Program

During the past few years many professional and trade associations have undertaken to make available to their members pension or retirement plans which have been developed recently. A strong impetus for this type of programming has come from the Congressional recognition of the need for self-employed non-incorporated individuals to be able to establish tax deductible pension plans.

With the passage of HR-10, the Self-Employed Individuals Tax Retirement Act, this Congressional recognition became a matter of law effective January 1, 1963. On January 1, 1968, earlier provisions of the law which had seriously inhibited the benefits available to self-employed individuals were changed and earlier restrictions were eliminated. A qualified participant may now take advantage of a full 100% deduction for his entire contribution. Some of the basic benefits and requirements for participation in tax qualified pension plans under HR-10 are . . . The self-employed individual may contribute up to 10 percent of his income to a maximum of \$2,500 per year. This entire contribution is tax-deductible in the year it is made . . . Even if you contribute more than the maximum, earnings and gains on all the contributions accumulate tax-free. Full-time employees must also be covered for a like percentage of their earnings. This entire contribution is also tax-deductible. Contributions made to a qualified program may be made in one of four ways . . . The participant may make a direct cash contribution to a trust which he has caused to be established for this purpose . . . He may purchase from an insurance company life insurance, endowment, or annuity contracts . . . He may invest in the shares of a mutual fund or other regulated investment company which issues only redeemable stock . . . He may directly

invest in a new series of United States Government bonds especially issued for this purpose. An eligible self-employed individual may elect to establish his own plan and file it for approval by the Internal Revenue Service or he may choose a prototype plan which has already been filed with Internal Revenue.

The modern concept of pension planning is based on the use of a Split-Funded or Variable Pension Program. This gives an individual the opportunity to vary his contributions between a "Fixed or Guaranteed Investment" and an "Equity Investment." The fixed investment portion guarantees a minimum basic lifetime income . . . provides for a pre-retirement death benefit . . . provides for a guaranteed pension option so that the dollars which accumulate in the equity investment may be converted to an annuity at retirement at a guaranteed rate. The equity investment contains no guarantees. It puts part of your money to work in stocks of fluctuating value and provides an opportunity to hedge against the inflationary aspect of our economy.

Those of you who are self-employed, non-incorporated individuals, now have an opportunity to establish tax-deductible retirement plans for yourselves. This is an opportunity which should be studied and seriously considered by all self-employed individuals who are eligible to take advantage of the benefits available.

August Kattermann, Sr. General Agency, 5480 Wisconsin Avenue, Suite 211, Chevy Chase, Maryland 20015 PH. (301) 657-4320, will be pleased to have one of their Representatives discuss the Keogh Act (HR-10) with any of our members who are interested. Each Enrollment Representative is additionally a licensed securities registered representative with Pension and Investment Associates of America, Inc.

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Report of Panel Investigating the Use of Diet Pills in Maryland

During the 1968 session of the Maryland General Assembly, a Joint Resolution was passed calling upon the Consumer Protection Division of the Attorney General's Office and the Medical and Chirurgical Faculty of Maryland to "investigate the promiscuous dispensing of diet pills to determine whether the Legislative Council should consider legislation to control such practices." Following enactment of this Resolution, Mr. Norman Polovoy, Chief of the Consumer Protection Division and Mr. John Sargeant, Executive Secretary of the Medical and Chirurgical Faculty, met on a number of occasions to consider the most effective and expeditious manner of conducting the investigation requested in the Resolution.

It was concluded that a public hearing should be held in which a number of leading physicians, pharmacologists, weight control specialists, and State and Federal government officials, would be invited to participate and express their views concerning this subject. Each witness invited to the hearing was specifically requested to give his views concerning the following:

1. Is there a significant problem in Maryland today with respect to the use of diet pills?
2. If you believe such a problem does exist, what do you consider to be its true nature and extent as well as its various causes and effects?
3. What legislative or administrative suggestions and recommendations do you believe are required to correct the abuses which exist?

The hearing was held in the Legislative Council Hearing Room of the State Office Building on Thursday and Friday, September 12, and 13. In all, a total of fourteen witnesses testified, including representatives of the Medical and

Chirurgical Faculty of Maryland, Maryland Pharmaceutical Association, and the American Medical Association. In addition, representatives of such Federal and State governmental agencies as the United States Senate Antitrust and Monopoly Subcommittee, Federal Food and Drug Administration, State Department of Health, State Board of Medical Examiners, and the Department of Postmortem Examiners also appeared and gave their views concerning this subject. A full transcript of the hearing was taken consisting of some 600 pages of testimony and exhibits. The panel consisted of Attorney General Francis B. Burch; Assistant Attorney General Norman Polovoy, Chief of the Consumer Protection Division; and Mr. John Sargeant, Executive Secretary of the Medical and Chirurgical Faculty.

After reviewing the testimony of the several witnesses, and following a careful examination of the transcript and supporting exhibits and documents, the panel has reached a number of conclusions on this subject:

1. Is There A Significant Problem In Maryland With Respect To The Use Of Diet Pills?

During the spring and summer of 1967, the Medical and Chirurgical Faculty of Maryland became somewhat alarmed concerning certain unprofessional practices apparently being engaged in by a small number of physicians engaged almost exclusively in a weight reduction practice. Out of a total of approximately 2,800 practicing physicians in Maryland, nine were contacted by the Faculty and specific inquiry was made concerning the manner in which they conducted their practices. Of the nine physicians contacted, it was considered that two, in particular,

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1200 ONE CHARLES CENTER
BALTIMORE, MARYLAND 21201

October 25, 1968

Mr. Nathan I. Gruz, R.Ph.
Executive Secretary
Maryland Pharmaceutical Association
Kelly Memorial Building
650 West Lombard Street
Baltimore, Maryland 21201

Dear Mr. Gruz:

I thought you might be interested in receiving a copy of the report of our Committee which recently concluded its investigation of diet pill practices in Maryland.

On behalf of the Committee, I want to thank you for taking the time from your busy schedule to be with us and to give us the benefit of your knowledge and experience in this field.

I certainly hope you agree with the conclusion reached in our report that your organization, together with the University of Maryland School of Pharmacy, and the Medical and Chirurgical Faculty could perform a great service for the citizens of our State by jointly developing a comprehensive and effective educational program to teach young people the dangers of drug abuse.

With every good wish and with my warmest personal regards, I remain,

Very truly yours,

A handwritten signature in dark ink, appearing to read "Norman Polovoy".

Norman Polovoy, Chief
Consumer Protection Division

NP/am
Enclosure

had been engaging in unethical and unprofessional practices involving either exploitation of the patient for financial gain, or incompetence in the treatment of obesity cases, or both. Of the remaining seven physicians, five were found to be conducting their practices in conformity with medical ethics and discipline and the remaining two were advised to discontinue certain limited aspects of their practice.

The panel concludes that, unlike several other States, Maryland has not had a serious problem with respect to the promiscuous dispensing of these pills on any large scale by members of the medical profession. Rather, the evidence indicates that only a very small number of physicians are engaged exclusively in a weight reduction practice, and that the majority of these do so in a completely ethical and professional manner.

It should be noted, however, that because of the existing weaknesses in the Medical Practice Act, no disciplinary action could be taken against the two doctors cited for unethical practices. It is believed, however, that this situation will be corrected by the establishment of the Commission on Medical Discipline, which was created by the General Assembly during its 1968 session and which is slated to go into effect on July 1, 1969. It was indicated that appropriate disciplinary action would have been taken against the two physicians involved had the new law been in effect at the time.

2. Is Additional Legislation or Administrative Change Needed At this Time?

The panel concludes that there is no present need for additional legislation to correct the limited cases of abuse found in the use of diet pills. Practically every witness who appeared before the panel agreed that obesity is a medical problem and should be treated from a medical point of view. In addition, all of the witnesses agreed that there is no easy and painless way for an overweight

person to eat what he wants and lose excess fat by taking one or more diet pills a day. The treatment of obesity cases must, of necessity, be weight reduction from a change in food habits in order to decrease caloric intake and a corresponding change in activity to increase caloric expenditure. It was also shown that there are many factors associated with obesity, such as genetics, traumatic factors involving periods of psychological and physiological stress, and environmental factors such as culture and the amount of physical activity of the individual involved.

As previously noted, the Commission on Medical Discipline goes into effect on July 1, 1969, and the disciplinary powers previously given to the State Board of Medical Examiners will be transferred to the new Commission. Many of the inadequacies of the old law have been eliminated in the new act. Section 145 (h) of the act sets forth eighteen specific grounds, the violation of which the Commission "shall have the power to reprimand a physician or place him on probation, revoke or suspend his license." The closest grounds which might be relied upon by the Commission in taking disciplinary action against the physician found to be improperly engaged in weight reduction practices can be found in subsections 7 and 18 which provide as follows:

- "7. Promotion by a physician of the sale of drugs, devices, appliances or goods provided for a patient in such a manner as to exploit the patient for financial gain of the physician."
- "18. Professional or mental incompetence."

In addition, the Commission has been given subpoena power to enable it to effectively investigate complaints of professional misconduct as well as other violations of the law.

Several of the witnesses, however, expressed doubt that the Commission under the new law would be able to

take appropriate action against a physician found to be engaging in unethical or unprofessional conduct and it was suggested that an additional ground for disciplinary action be provided which would involve a situation where a physician was found to be engaging in unethical practices. The panel agrees with this recommendation and feels that it would be appropriate at this time to amend Section 145 (h) by adding an additional ground of disciplinary action for engaging in conduct determined by the Commission to be unethical or unprofessional. The panel believes that this would effectively close any loophole which may now exist in the law.

Another recommendation voiced by a number of witnesses at the hearing was that physicians should not be permitted to dispense drugs. This is the view recommended by Senator Philip A. Hart, Chairman of the Subcommittee on Antitrust and Monopoly, following hearings held by his Committee earlier in the year which would specifically prohibit a treating physician from dispensing his own drugs except under clearly defined circumstances, such as the unavailability of a pharmacy in emergency cases. It was shown, however, that the Medical and Chirurgical Faculty has enjoyed close cooperation with the Maryland Pharmaceutical Association and has taken the position that physicians in Maryland should not dispense drugs. It was also shown that a relatively small number of physicians in the State actually dispense, and that both the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association, through educational programs are attempting to convince physicians that it is not in the best interest of their patients for them to dispense their own drugs. In view of the excellent cooperation and working relationship existing between these two professional groups, it is the opinion of the panel that no legislation is needed at this time in this area, and that the

two groups should continue to cooperate closely with one another and with their own members in carrying out the agreement and principle which they had previously reached.

Suggestions were also made by a number of persons at the hearings that physicians' prescription blanks should be altered to remove the refill line found in the lower left hand corner of the prescription blank. There was testimony that physicians occasionally forget to circle the refill legend and as a result, patients occasionally will attempt to obtain refills by encircling one of the numbers. It was suggested that the line be removed in its entirety so that it would become necessary for the physician, in his own hand, to affirmatively state whether or not a refill is desirable.

The panel is satisfied that this matter can best be handled on a professional level by the Maryland Pharmaceutical Association in conjunction with the Medical and Chirurgical Faculty. Both of these professional groups have had a long and cordial working relationship with Mr. Francis S. Balassone, Chief, Division of Drug Control of the State Department of Health, and it is further suggested that his recommendations and suggestions be considered in this matter.

Many of the witnesses expressed the need for better consumer education in the area of drug abuse, particularly by young people. Dr. William J. Kinnard, Jr., Dean of the pharmacy school of the University of Maryland suggested that effective programs be developed to educate and enlighten the public concerning the sensible use of drugs. Dr. Kinnard's suggestion was enthusiastically endorsed by Dr. N. Bradford Craver of the Committee on Drugs of the American Medical Association, and by Mr. Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association. The panel believes that an excellent opportunity has now been presented whereby a really effective education-

Medical and Chirurgical Faculty, Unial program can be developed by the versity of Maryland School of Pharmacy, and the Maryland Pharmaceutical Association working in close cooperation with each other. The panel heartily recommends that these groups meet as soon as possible to begin to develop such a program which would be made available to the public and parochial schools throughout the State.

Conclusion

The panel concludes that, although there have been some problems in Maryland with respect to the promiscuous use of diet pills, it is relatively small when one considers the total number of physicians practicing in our State in relationship to the small number of physicians actually found to have engaged in unethical weight reduction practices. Further, while there exists a number of serious restrictions and limitations on disciplining physicians under our present Medical Practice Act, these will, to a great extent, be eliminated with the creation of the new Commission on Medical Discipline as of July 1, 1969, which will operate with greatly broadened disciplinary and investigatory powers. The panel believes that this new Commission, which will be comprised of nine physicians and which will have subpoena power, will be in a position to take prompt and appropriate action against any physician found to be engaging in practices which contravene recognized medical ethics and conduct. To further assist the Commission, however, it is recommended that the law be amended to specifically list unethical and unprofessional conduct as an additional ground for disciplinary action.

The other important questions as to whether or not a Maryland physician should dispense as distinguished from merely prescribing drugs, and possible changes in the present physicians' prescription blank, are matters which the

panel feels are best left to the professional societies themselves which are fully cognizant of these problems and have indicated a desire to take the necessary corrective action.

An effective consumer education program on the use and abuse of drugs could perform an outstanding public service to all of the people of our State and particularly young adults, and it is hoped that the various medical care professions will immediately undertake to develop such a comprehensive program, in active cooperation with our high schools. Such a project should be greatly encouraged by the General Assembly and a resolution calling upon these groups to institute such a program is recommended.

If any further or additional information is desired concerning any aspect of this hearing or the panel's findings, please do not hesitate to contact us.

Respectfully submitted,

Francis B. Burch
Attorney General of Maryland
Norman Polovoy, Chief
Consumer Protection Division, and
Assistant Attorney General
John Sargeant, Executive Secretary
Medical and Chirurgical Faculty
of Maryland

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Pharmacy Calendar

Sunday, January 26, 1969—B.M.P.A. Banquet and Installation of Officers, Emerald Gardens, Baltimore.

Thursday, March 13, 1969—Alumni Association, School of Pharmacy, Dinner Meeting, Eudowood Gardens, Baltimore.

March 16-22, 1969—National Poison Prevention Week.

Thursday, March 20, 1969—Robert L. Swain Pharmacy Seminar, Holiday Inn Downtown, Baltimore.

May 17-23, 1969—APhA Annual Meeting, Montreal.

Wednesday, June 4, 1969—Annual Banquet, Alumni Association, School of Pharmacy, Eudowood Gardens, Baltimore.

July 13-17, 1969 — 87th Annual MPhA Convention. Tamiment-In-The-Pocynos.

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Prince Georges-Montgomery County

Our thanks to MPhA and the School of Pharmacy of the University of Maryland for instituting the first formal Continuing Education in Pharmacy Lectures to be held in and for Maryland pharmacists.

The Prince Georges-Montgomery County Pharmaceutical Association was well represented at the lectures held at the School of Pharmacy in Baltimore during October and November. Participating pharmacists received a certificate of attendance from William J. Kinnard, Jr., Dean of the School at closing exercises held on Thursday, November 7, 1968.

Continuing Education To Be Set For Counties

MPhA and the School of Pharmacy is being requested to set up a Continuing Education Program to be held in the Prince Georges-Montgomery County area in the near future. Date, time and place will be announced as soon as arrangements are completed.

Public Relations-Speaker's Bureau

The Association's Public Relations Committee is undertaking the preparation of a pharmacy column to be presented to publicity media throughout the counties. Also a letter is to be sent to civic organizations in the counties

noting the availability of speakers to appear on their programs discussing pharmacy topics including Drug Abuse.

Membership

Secretary Reznick has prepared a list of pharmacists residing in our counties that are not members of the Maryland Pharmaceutical Association for the membership committee. Of the pharmacists listed only 8% are members of Prince Georges-Montgomery County Pharmaceutical Association. There is a tremendous lack of affinity and a major task is cut out for our entire membership to convince pharmacists, the number one step for survival is to become a member of the Prince Georges-Montgomery County and the Maryland Pharmaceutical Associations, the associations that represent pharmacy on local and state levels.

Dean Kinnard Honored

The annual scholarship affair of the association extended a warm welcome to William J. Kinnard, Jr., the newly installed Dean of the University of Maryland School of Pharmacy. In responding to the introduction made by Harold M. Goldfedder, toastmaster, Dean Kinnard gave an insight of the planned activities of the School in educational and association activities.

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87th Annual Convention

JULY 13-17, 1969

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BALTIMORE'S REVIVAL

Baltimore's physical reconstruction is evident in that 85% of the anticipated construction of Charles Center is completed or under contract with the target date of completion next year. The new Federal Building located in the heart of the Charles Center complex, houses the Federal activities of our area of the country.

A new joint private-public planning process, known as CBD-111, differs from the Charles Center-Inner Harbor approach in that it will primarily be a "guidance plan" for private rather than public development. However, the ultimate objective is the same: a viable and modern city center to pace and serve the entire Metropolitan Region.

CBD-111, the revitalization of the remaining areas of Downtown, will be the third and final major planning effort for the core center of the Baltimore Metropolitan Area. Here public and private planning are again combining forces to bring new life and vitality to the Lexington-Howard-Eutaw Streets retail area, the Charles Street Corridor, the cultural and transportation complex in the Mt. Royal Avenue-Pennsylvania Station area and the financial district. Another important characteristic of this planning effort is the determination to seize what is probably a once-in-a city's lifetime opportunity to plan carefully the social and economic impact of the proposed Rapid Transit and Freeway System upon the downtown area.

Inner Harbor Rejuvenation

The Inner Harbor rejuvenescence is well underway. The City Council has already approved the renewal plan and the related condemnation ordinance. The first sites scheduled for acquisition and clearance are those slated for use by the International Trade Center, the Christ Lutheran Church Complex, the

Maryland Academy of Sciences building and a new headquarters building for the United States Fidelity and Guaranty Company. Although the completion of Phase I of the program, will span a decade, Baltimoreans should see construction activity on the International Trade Center Building as early as April 1969. The recreational and institutional emphasis of Phase I will be complemented by Phase II and Phase III construction of low, moderate and high income housing.

University of Maryland Baltimore Campus

Look all around the Kelly Memorial Building, headquarters of the Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore. Located in the hub of the Baltimore Campus of the University of Maryland, its nearby neighbors are the professional schools of the University. Next door is the School of Pharmacy. Nearby, the Dental, Nursing, Medical, Law Schools and the University Hospital, Health Sciences Library and Auditorium. Across from the Kelly Building the new School of Nursing is under construction and the new Medical Examiners Building. The North Building of the University Hospital is now under way.

Dr. B. Olive Cole has written many historical articles of the School of Pharmacy for the MARYLAND PHARMACIST. In recent issues of the PHARMACIST, Dr. Benjamin F. Allen, Associate Professor of Pharmacy of the School of Pharmacy has written articles concerning the past of the Baltimore Campus with maps showing places of historical value and the location of the professional schools. A walking tour of the Baltimore Campus is recommended and will be well rewarding.

Glenn L. Jenkins Asks for National Exams

In his Andrew Glover DuMez Memorial Lecture given in Baltimore on April 25, 1968 entitled: PHARMACY: A GREAT ERA LIES AHEAD—Dr. Jenkins said: "The nationalization of pharmacy is proceeding at a rapid pace. Examples include the accreditation of our schools, standards for hospital accreditation, and our journals in continuing education. The Food and Drug Administration with its control of drug quality and claims takes precedence over state regulation. National control of patents, trade marks, prices, and production are in effect or on their way. Medicare and medicaid, O.E.O. Centers, the armed services, and the veterans administration have nationalized drug distribution. It is estimated that about one-half of all drugs used are distributed through institutions and most of these institutions are government owned or controlled. There can be little doubt but that all health services to the people are in the process of more rigid control and supervision. The procedure for examination and licensure in pharmacy should be nationalized. This should be done by a uniform national examination for all graduates from accredited schools. Reciprocity should be granted for a small uniform fee and quite simply after a brief examination on laws and conditions in the state where the applicant wishes to practice.

The system of examination, licensure and reciprocity by the several state boards of pharmacy, as administered by the National Association of Boards of Pharmacy, is a system whereby vested interests tax applicants unjustly. It cannot be defended as an equitable procedure or because it protects the public interest. It should be abolished and a new nationalized system should be established."

— o —

Discontinuance of Co-Pay Feature Maryland Medical Assistance Program

As of November 6, 1968, no money is to be collected from Medical Assistance Cardholders for inpatient or out patient services in general hospitals, PRESCRIPTIONS, physician services in offices or patient's home, emergency room services, or dental services according to an announcement made by Dr. William J. Peeples, Commissioner, Department of Health, State of Maryland on November 4, 1968 in a letter to all providers of services under the Maryland Medical Assistance Program.

The announcement continues to state: "the 21-day limitation of inpatient hospital services in general hospitals for the medically needy is still in effect.

"The patient's financial responsibility to nursing homes and chronic disease hospitals remains the same.

Co-Pay Not Administratively Feasible

"Although the 1967 amendments, which amended Title XIX, permits states to impose deductibles and co-payments on the medically needy group, the Department of Health, Education and Welfare has ruled that any cost sharing must be reasonably related to the income of the recipient, and must be administratively feasible and have discontinued the co-payment feature," the statement concluded.

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OBITUARIES

EVERETT J. HOLMES

Everett J. Holmes, 82, active member of MPhA and B.M.P.A., died on October 18, 1968.

A pharmacist for 47 years, he was owner of Beeli's Pharmacy, Park Heights and Belvedere Avenues, Baltimore, for 22 years prior to his retirement in 1960.

INDEX TO ADVERTISERS

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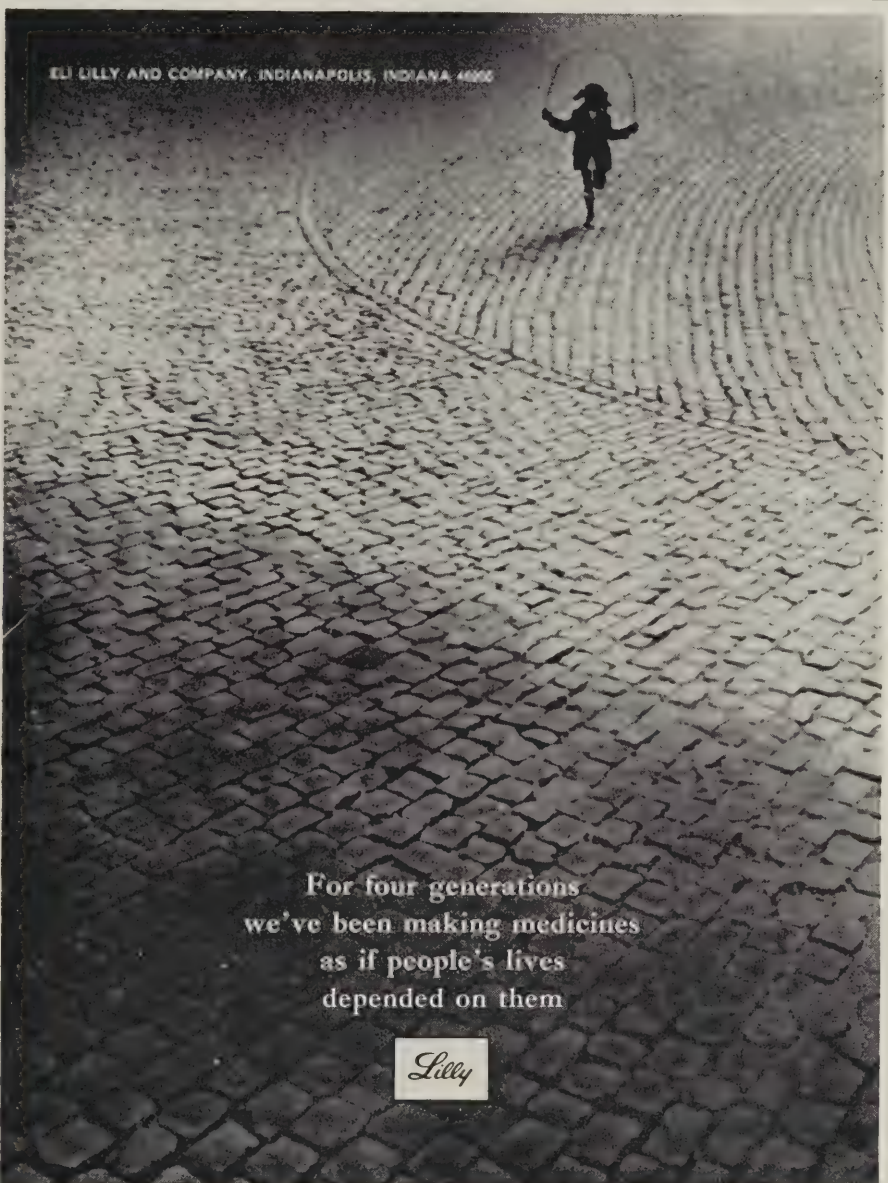
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The Maryland Pharmacist

NATHAN I. GRUZ, Editor

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Volume LXIV

DECEMBER, 1968

No. 3

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The views expressed in **The Maryland Pharmacist** signed articles are those of the writers and do not necessarily reflect the opinion of the Maryland Pharmaceutical Association.

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Editorial

Maryland's Medicaid Program— And A Report To President Johnson

The release of "A Report to President Lyndon B. Johnson" from Wilbur J. Cohen, outgoing Secretary of the Department of Health, Education and Welfare, is further demonstration of the current aggressive, trailblazing leadership role of the Federal government in areas of human concern.

The report reviews the accomplishments in these fields in the period of 1963-1968, asserts the problems and challenges, and projects a look to the future. Here again, as in the case of the Report of the Task Force on Prescription Drugs, all those involved in the subjects covered must give their immediate attention and critical study.

When we examine the growth in expenditures for health in America from 1963 to 1968, we see an increase from \$33 billion to \$53 billion or 61%. The private portion went from \$24.3 billion to \$33.7 billion, the state and local segment from \$4.2 billion to \$6.5 billion and the Federal share from \$4.1 billion to \$12.9 billion.

We note that the increases represent a tremendous increase in the national commitment to solving our health needs. However, we must point out that the private sector decreased from 75% of the total in 1963 to 63% in 1968. At the same time, the public sector went from 25% to 37% with the Federal share going from about half of the public share to about two-thirds of the public portion.

We see then that the total public and private expenditures for health increased markedly in the 1960's. The report emphasizes that this is a significant increase, particularly in that it represents a greater percentage of the Gross National Product (GNP). Health expenditures rose from 5.3% of the GNP in 1960 to 6.5% in 1968. The public sector in this period went from 1.3% to 2.3%, whereas the private sector remained at 4.0%, although it had gone as high as 4.5% in 1965. In contrast, education and welfare GNP percentages rose significantly in both sectors from 1960 to 1968.

Unfortunately the private sector in health activities is not increasing its share of the GNP, but is allowing the public sector to assume an ever-growing share of the total expenditures for health.

We are struck therefore by the rapidly increasing Federal role in health which is based upon Federal leadership and upon the greater ability at present of the Federal government to provide funds. In contrast, the tax sources of local and state governments are limited and strained.

It is obvious that in order to meet our health goals, we will have to have increased Federal funding. At the same time, we must be sure that there is maximum effectiveness in the use of available funds through the operation of utilization controls.

So far, in Maryland, the Medicaid Program has been a mechanism primarily for paying out money for services. Machinery for monitoring and assuring quality of care delivered has been scarcely operative.

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**THURSDAY,
March 20, 1969**

“The Pharmacist and Ophthalmology”

Registration: 1:00 P.M.

Speakers: RALPH N. BLOMSTER, Ph.D., Professor and Head, Department of Pharmacognosy
Topic: The Chemistry of Natural Products Used in Ophthalmic Preparations

WILLIAM J. KINNARD, JR., Ph.D., Dean
Topic: Ophthalmic Physiology and Pharmacology

PETER P. LAMY, Ph.D., Associate Professor of Pharmacy
Topic: Contact Lenses and Contact Lens Solutions

RALPH F. SHANGRAW, Ph.D., Associate Professor and Acting Head, Department of Pharmacy
Topic: The Pharmaceutics of Ophthalmic Solutions (Isotonicity, Preservation, Stability and Activity)

Panel Discussion

DINNER:—*Speaker*—SAMUEL L. FOX, M.D.—“Clinical Aspects”

Evening—Workshops and Displays

Registration \$10.00 includes Dinner and Parking.

We have been urging the establishment of a unit in the Medical Care Division of the State Health Department to conduct continuous utilization surveys and analysis. A review and surveillance system coupled with a formulary system would contribute to providing and maintaining high standards of quality health care and at the same time enable the program to be operated at the maximum return for each dollar paid out for health services and supplies.

We are also deeply affected by the effectiveness of the administration of the Medicaid Program. The promulgation of policies is a process involving a number of agencies and groups that seldom seem to be operating in concert or as delineated in the federally approved program. The roles of the State Department of Health, State Board of Health and Mental Hygiene, the Advisory Committee and its advisory groups have become obscured with results obstructive to their missions.

The executive, budgetary and administrative changes in the state program on short notice; shortages of personnel; gaps in effective and essential information flow between State Health and Welfare Departments, long delays in reimbursement of many vendor claims; the payment of only some invoices submitted at a given time; certain unreasonable, unrealistic and inequitable vendor fees—all contribute to preventing the desired kind of vendor response essential to eliciting enthusiastic performance and the highest standards of service.

A judgment as to the benefits that might accrue from the suggestion of transferring the claim administration of Medicaid to a fiscal intermediary such as Blue Cross must be deferred until sufficient data is provided for evaluation.

However, the apparently satisfactory experience of Maryland Blue Cross in serving as fiscal intermediary for Medicare requires us to explore this avenue thoroughly. The final decision must rest on a comparison of cost factors, the time lead necessary for implementation by Blue Cross of a claim processing and payment system and the capability for assuring quality performance by vendors and operation of utilization controls.

At any rate, long before fiscal 1970 begins in July 1969, a thorough review and analysis must be completed. The next Chief Executive of the State of Maryland must determine what priority the health of the needy will be given. He must decide what the health and welfare goals will be. He must present his judgment as to what the tax commitment of the citizens should be in the area of improving the quality of life. Upon these foundations, the health programs of the State can be formulated.

Professional Responsibility Under Medicaid

The recent publicity concerning alleged fraud in the Maryland Medicaid Program by "some physicians, dentists and pharmacists" is unfortunate not only because of the possible financial loss, but because of what we believe are far more serious implications.

The Maryland Pharmaceutical Association, of course, condemns any fraudulent, unprofessional, or unethical conduct by any pharmacist in any program, public or private.

The many criticisms of the program as to its administration, delay in payments to vendors, the removal from the rolls of some medically indigent and the insufficient budgetary allocation, certainly do not contribute to a favorable public image for Medicaid. Sensational treatment by the news media of allegations of fraud contribute to the worsening of an already shaky image and may make it

more difficult to secure the high priority in the thinking of the executive and legislative leaders of Maryland. It is essential, if a viable, effective program of medical care for the needy is to be established and maintained, for our officials and legislators to be convinced that vendors of health services and suppliers are not taking undue advantage of any aspect of the program.

Even if there is only one pharmacist involved, the entire body of pharmacists becomes labeled as exploiters of a public program. In addition, the tasks of pharmacy representatives as they seek proper recognition of the pharmacist's professional and economic requirements will become more difficult or impossible.

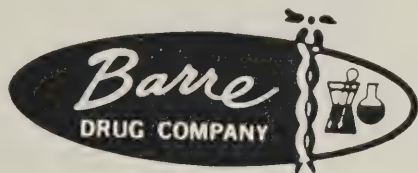
We have long believed that part of any third-party payment plan must be an effective system of utilization controls and surveillance to assure compliance to guidelines and the delivery of quality care. The allegations of wrong-doing by a few individuals demonstrates the necessity of what The Maryland Pharmaceutical Association has been advocating.

— o —

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President's Message

My fellow Pharmacists:

With this issue of The Maryland Pharmacist, we say a fond goodbye to the format that has served so well these many issues. Our January issue will be a completely new one with more information, more advertising and many new items of interest to everyone in Pharmacy. It is worthy of note that in 1968 we have had twelve issues of The Maryland Pharmacist. My congratulations to Paul Reznick who has worked so hard to make this possible.

I attended the APhA House of Delegates meeting in Chicago and was very much impressed. It was smoothly run and everyone was granted time to express their views. I believe that we must elect delegates to the national associations on a long term basis in order to make our influence felt.

Your officers reacted immediately to the self-serving members of the Pharmaceutical Manufacturers Association upon the announcement of their position on prescription price advertising. The manufacturers have yet to learn that they must be a part of the pharmacy team and not the tail that wags the dog.

Our efforts to affect some change in the Medicaid fee are at a standstill due to the confused and uncertain political atmosphere. Little or nothing can be done until we have a new Governor.

The Officers and Executive Committee of the Maryland Pharmaceutical Association extend best wishes for a prosperous and healthy New Year.

SAMUEL WERTHEIMER
President

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JULY 13-17, 1969

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Secretary's Script ...

A Message from the Executive Secretary

The Maryland Pharmacist—New Format for 1969

For 41 years *The Maryland Pharmacist* has been published in the same size as this issue: 6"x9". Effective with the January 1969 issue, *The Maryland Pharmacist* will be 8½"x11". in size.

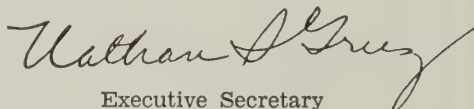
The Maryland Pharmaceutical Association has joined the State Pharmaceutical Editorial Association (SPEA), in which eighteen state societies have become affiliated in order to improve their publications through cooperative efforts. A national advertising agency—Joseph Bourgholtzer, Inc.—under the name of "State Pharmaceutical Group" will service SPEA and coordinate national advertising activities.

We believe that with the new format and the assistance of SPEA *The Maryland Pharmacist* will be more effective as a medium of communication both to our membership and to our advertisers.

We take this occasion to express our appreciation to all those who have contributed to *The Maryland Pharmacist* both editorially through articles and news and as advertisers. We look forward to their continued assistance, cooperation and support so that *The Maryland Pharmacist* will be able to accomplish its mission for the profession of pharmacy and the allied drug industry in Maryland.

are urged to frame the certificate and display it prominently. It demonstrates to the public that the member is a person proud to be identified with his profession and committed to its high standards of professional conduct.

Sincerely,



Executive Secretary

Headquarters for

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Pharmacy Changes

The following are the pharmacy changes for the month of December:

New Pharmacies

Allen's Professional Pharmacy, Evelyn E. Allen, Secretary-Treasurer, 255 North Payson Street, Baltimore, Md. 21223.

Peoples Service Drug Stores, Inc., No. 117, G. B. Burrus, President, 12155 Rockville Darnestown Road, Route 3, Gaithersburg, Maryland 20760.

Peoples Service Drug Stores, Inc., No. 284, G. B. Burrus, President, Town Center, 13320 Laurel-Bowie Road, Laurel, Maryland 20810.

White Cross, D. M. Robinson, President, 116 East Baltimore Street, Baltimore, Maryland 21202.

Change of Ownership

Gitomer's Pharmacy, Henry Sugarman, President (Formerly owned by Marie G. Schwartz, President), 100 Baltimore Annapolis Boulevard, Glen Burnie, Maryland 21061.

No Longer Operating As Pharmacies

Callow Pharmacy, Inc. Manuel Miller, President, 2523 Callow Avenue, Baltimore, Maryland 21217.

The Charring Cross Pharmacy, Robert Stofberg, President, 5228 Baltimore National Pike, Baltimore, Maryland 21229.

City Drug Store, Meyer Goldsmith, 1227 Pennsylvania Avenue, Baltimore, Maryland 21201.

Consumers Pharmacy No. 76, Benjamin Rosenzweig, President, 8547 Piney Branch Road, Silver Spring, Maryland 20907.

Drug Town, Herman Taetle, President, 4301 Randolph Road, Silver Spring, Maryland 20906.

Fink's Drug Store No. 2, Francis T. Fink, 6023 Moravia Road, Baltimore, Maryland 21206.

Futterman's Pharmacy, Aaron Rosenstein, 1401 East North Avenue, Baltimore, Maryland 21213.

Hayes Pharmacy, Evelyn H. Hayes, 507 Mace Avenue, Baltimore, Maryland 21221.

Hilton Pharmacy, Jonas J. Yousem, President, 246 North Hilton Street, Baltimore, Maryland 21229.

Ideal Drug, Inc. Nathan Eidelman, President, 1402 Reisterstown Road, Pikesville, Maryland 21208.

Lipsky's Drug Co., Harold & Irvin Lipsky, 951 Pennsylvania Avenue, Baltimore, Maryland 21201.

Morgenstern's Pharmacy, Daniel A. Santoni, 1442 East Fort Avenue, Baltimore, Maryland 21230.

Peoples Rexall Drug Store, William J. Appel, 6 North Washington Street, Easton, Maryland 21601.

Robert's Pharmacy, R. Abramowitz, 2401 East Federal Street, Baltimore, Maryland 21213.

Sachs Bros. Pharmacy, Stacy Pass, President, 2423 Reisterstown Road, Baltimore, Maryland 21217.

St. Paul Pharmacy, Jacob Serpick, 37 East 21st Street, Baltimore, Maryland 21218.

Singer's Rexall Pharmacy, George D. Singer, 4717 Eastern Avenue, Baltimore, Maryland 21224.

Stadium Pharmacy, Victor E. Pass, 1645 North Wolfe Street, Baltimore, Maryland 21213.

Wich's Pharmacy, Henry E. Wich, 1230 North Stricker Street, Baltimore, Maryland 21217.



The man on the left is a professional

He's a professional golfer. He knows there is more to golf than sand traps. Your Youngs Drug Products salesman is a professional, too. He knows there is more to selling than taking orders. That something "more" is training and experience.

Your Youngs salesman understands the drug business. He knows drug merchandising, sales promotion, stock control, and many things to help your business . . . because he only calls on drug stores.



So the next time the Youngs man is in your store, remember, he's there to offer you his full service. Ask him about our full line of products like Bidette, Atha-Spray, Atha-Powder, Wash-Up, Youngs Nail Polish Remover Pads, Trojans brand prophylactics . . . and our latest profit maker, Young People, the modern, convenient aid in acne therapy.

Our men at Youngs are more than Trojan salesmen, much more.



Samuel L. Fox, M.D.:

Chemical Mace^(T)

In the past year or two several new chemicals have been introduced on the market for use by police and the military in quelling riots and other disturbances. Among the most widely used of these is Chemical Mace^(T) and Preventor^(T), a civilian version of Mace. Both produce severe tearing, thus rendering the victim less able to offer resistance.

The use of "tear gas" is not a new discovery by any means. Tear gas devices have been available since the mid-1920's, but these used some type of wadding which was expelled upon release of the valve on the device. The newer tear-gas weapons are aerosol devices and do not use a wadding. Whereas, eye injuries which resulted from the older devices were due largely to the wadding, the tear gas itself presents the greatest hazard to the eye when the new devices are activated. There are several brands of tear-gas aerosols, guns and pens, but the best known are made by General Ordnance Equipment Corporation and marketed under the trade names Chemical Mace^(T) and Preventor. Chemical Mace has been purchased by more than 3,000 police departments in the United States since the 1967 summer riots. The FBI has equipped agents with Chemical

Mace, and the various National Guards also carry a stock of it for distribution to its men in times of emergency. Preventor has also had a phenomenal sales record in the past six months.

Tear gas was first used as an incapacitating agent by the Germans in World War I. Chloroacetophenone (CN) was developed and used during that war. It is the principal ingredient of Chemical Mace. In addition, there is present in the formulation a kerosene-like substance and Freon propellants. The CN is the lachrimatory ingredient.

Extensive experimental work on Chemical Mace and its effects was carried out by Maurice H. Seevers, M.D. at the University of Michigan Medical School. Dr. Seevers reported that Mace may be used as a weapon to effect temporary incapacitation with comparative safety to the eye providing: (1) "The recipient is alert, in possession of his normal protective reflexes such as blinking, eye closure, breath holding, turning away from the spray and the like; (2) the spray is directed at the recipient at such a distance that his reflexes can be brought into play; (3) the total duration of the spray is limited to the minimum required to be an effective incapacitant." Dr. Seevers adds, "Severe, long term, and possible permanent ocular damage may occur if the cornea of the eye is exposed directly to the Chemical Mace in liquid form. Such exposure resulting from discharge of the canister would, in our opinion, constitute misuse of the weapon and result from: (1) Discharge of the weapon directly into the eye or face at very close range in normally reactive persons; (2) Prolonged discharge at any effective distance into the face of an already incapacitated person; (3) Discharge of large quantities in a confined space such as a small room or closed automobile." In addition, Dr. Seevers states in his report, "Good practice requires that exposed areas be washed

with clear water as soon as possible after exposure in order to minimize local effects and that application of ointments of any kind be avoided since they localize the irritant at the site of application".

A few ophthalmologists who have had some clinical experience with cases of ocular injury resulting from exposure to Chemical Mace have concluded that the product is too dangerous to be placed in the hands of the untrained, which, of course, includes the police. Cases which have been sprayed at close range without benefit of *immediate* and *copious irrigation* will suffer a severe keratoconjunctivitis for at least 72 hours. In addition, some of the patients exhibit confused cerebration, trouble with memory, and show an intense fear for about two hours, a reaction compatible with methyl chloroform toxicity. (This is probably the kerosene-like agent in the formula). Necrosis of the surface cells of the

cornea has been observed in a number of cases, and corneal opacities have occurred in a few cases.

Unfortunately, some of the patients who suffered these lasting ocular ill effects were not rioters but innocent bystanders who simply were in the line of fire of the Chemical Mace which was being used. This brings up the question of proper vs. improper use of Chemical Mace. It is the opinion of this writer that Chemical Mace has a useful purpose and can be a valuable tool in the hands of the police and the military in times of riot or other mass disorders; in addition, those women who must travel to and from work at odd hours (such as nurses, waitresses and others) will find this agent an effective protection against muggers and rapists. Are we to abolish Chemical Mace to protect the criminal? or, are we to try by education to encourage the law-abiding to use it properly for self-protection? I stand for the latter course.

L.A.M.P.A. News

By ANN CRANE 426-6868

TO: Your wife, mother or sister
FROM: Ladies Auxiliary Maryland Pharmaceutical Association
SUBJECT: Membership in Our Organization.

This is an invitation to join our group, if you do not already belong. Our main purpose is to help pharmacy—in any way we are able. Our efforts, over the past fourteen years, have been noticed. With a larger, dues paying membership, we could plan bigger and better activities and perhaps go into areas we have not ventured into, up to now.

We meet when our men do, at Spring

and Fall Regionals and at Conventions, plus our Annual Spring Luncheon. Our Board of Directors and Program Committee meet more often since they plan and direct our activities. Our dues are \$2.50 per year . . . and our only income. We try to allocate our funds wisely and well. Sometimes we splurge; like on our tenth anniversary when we had TV personality Virginia Graham speak at our Convention; other times we help with furnishings in the Kelly Building. On several occasions, our talented members donated their services, and demonstrated their hobbies at our meetings.

We can do more . . . if we have more . . . MEMBERS.

Baltimore Metropolitan Pharmaceutical Association

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President's Message . . .

I certainly wish my opening message could be both dramatic and farsighted in its wisdom. By so doing, I could create a big stir and with one splash make the headlines that would push our most pressing problems into the background. Unfortunately (for me) this is not possible.

I have been too involved with most of the key issues which we presently face to think we can dismiss or avoid them with a few well-chosen illusions. Also, even the most casual observer senses changes in Pharmacy so sweeping and so swift that one gets the feeling he will have to hold on to the brass ring for dear life in order to keep up.

What then should be our philosophy?

The much needed answers to this must come from everyone who is even remotely implicated in the matters of pharmacy today. That means the best leaders must be available to lend their thinking and imagination in fruitful combination. Beyond this there are several basic things we must do to survive.

1. We need togetherness
2. We need to become involved

Togetherness is an old family word that exactly fits the situation. We must mass together, group together or knit together, not only every pharmacist, but every person related to the profession. To be independent is desirable and perhaps has been the most glorified word in our American history. However, in the new and computerized age such action irrespective of others in Pharmacy places one at a distinct disadvantage. Our cause and strength is diluted to the point of futility.

Whither we go? It's hard to spell out in precise and tailored terms. Certainly by combining our resources and manpower into one vigorous voice that wants (indeed, demands) to be a part of any and all functions related to Pharmacy and by resolutely facing each and every problem that needs to be resolved now and not tomorrow, we can be masters of our own fate.

With the support of every pharmacist, I am convinced we can represent our profession effectively and do a truly outstanding job for pharmacy.

BERNARD B. LACHMAN
President

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• T.A.M.P.A. TATTLER •

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Volumne 27

DECEMBER, 1968

No. 3

T.A.M.P.A. News

By HERMAN BLOOM

This is the time of the year to review the activities of the Traveler's Auxiliary of the Maryland Pharmaceutical Association, known to all of us as T.A.M.P.A.

T.A.M.P.A. as it is known today had its beginnings at the Braddock Heights meeting, June 1916. Monthly meetings were begun in July of the same year.

Evolution of T.A.M.P.A.

John A. Crozier in writing in *The Maryland Pharmacist*, February 1966 issue about the Evolution of T.A.M.P.A. commemorating the fiftieth year of T.A.M.P.A. said, "We pride ourselves on the fact that any salesman coming into our midst benefits in many ways from the organization, and last but not least, we can truthfully say we are known all over the United States as a crowd of energetic go-getters and being the most congenial of all state auxiliaries. This statement may seem as though we are patting ourselves on our own should-

ers; nevertheless, it is all true, and can be verified."

"To the new and younger members of T.A.M.P.A., here's hoping you will be one of the men to attend our meetings regularly. You will not be disappointed and can be assured of great benefits from contacts formed and friendships made", Mr. Crozier said in ending the article.

1968 Activities

Spinning back through the months, in January the "good will" dinner spurred attendance at the meeting. February brought out Ab Leatherman and his sons at the annual Oyster Roast. In March we welcomed many new members. April found us busy planning for T.A.M.P.A. Night at the 86th Annual Convention of M.Ph.A. Ab Leatherman was presented with a gift for being the oldest T.A.M.P.A. member. It was given to Mr. Leatherman during the annual *Ladies' Day Luncheon*. T.A.M.P.A.'s pre-convention meeting was held in June with Nathan I. Gruz, Executive Secretary of M.Ph.A. and his assistant Paul

Reznek. Mr. Gruz told of the events scheduled for the convention. T.A.M.-P.A.'s *Carnival Night* plans for the convention was unfolded.

Carnival Night at the convention during July was a complete success. Our members participated in convention activities, manning the registration desk, extending warm and cordial greetings to members and guests registering for the convention. August's T.A.M.P.A. Tattler noted that the first honorary president of the Auxiliary was made during the 1942 convention with Walter Pierce becoming the *first honorary president*. In September, Kenneth L. Mills was installed as president at the annual installation and outing at the Crofton Country Club. October's T.A.M.P.A. Tattler presented a picture of T.A.M.-P.A.'s officers. November saw T.A.M.-P.A.'s Ladies Night at the Oregon Ridge Dinner Theatre.

Now to December and T.A.M.P.A.'s wish to all—May all enjoy good health for 1969! We of T.A.M.P.A. will continue in our efforts to assist the Maryland Pharmaceutical Association in its endeavors.

—O—

Alpha Zeta Omega

Forty Years of A Z O

The historical AZO book, "Forty Years of AZO" is now available through the Supreme Sigmare, Maurice Williams of 36 Bal Harbour Drive, St. Louis, Mo. 63141. The volume gives an insight of AZO over the years.

Membership-MPhA

Kappa and Pi Chapters are assisting the membership committee of the Maryland Pharmaceutical Association by urging fraters to support their local and state pharmaceutical associations in the membership drive.

A Professional Service Message

Never before in pharmaceutical history, has there been a greater need for pharmacists to band closer together for their mutual benefit, and yet, local, county and state organizations are suffering from a lack of interest on the part of pharmacists.

Only with active participation on the part of all pharmacists can your associations begin to cope with the many and varied problems, that are confronting pharmacy today.

Attendance at meetings, working on committees, constantly being on the alert for proposed legislative changes, that can affect your business and professional life, is a necessity as well as the duty of each and every pharmacist.

We urge every pharmacist to join the local and state organization, attend as many meetings as possible, keep current, make yourself heard, and help shape the future destiny of your chosen profession.

THE DRUG HOUSE, INC.

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Professional Responsibilities in Drug Abuse/Misuse*

by NATHAN I. GRUZ, Executive Secretary, MPhA

The Maryland Pharmaceutical Association has been concerned for many years with the problem of distribution of drugs without the protection provided by professional pharmaceutical services. The Association was founded in 1882 and its constitution states that among its objectives, "pharmacists through organization and united effort, advance the science of Pharmacy, promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists."

We have been particularly concerned about the effects on the public health of regular and promiscuous dispensing of drugs in physicians offices by physicians and by their employees such as nurses, secretaries, medical assistants and physicians' wives.

Action in the past has been limited because of the absence of necessary legislation, law enforcement machinery and law enforcement personnel. With the passage by the Congress of the Drug Abuse Amendments of 1965, the federal authorities have brought medical practitioners who regularly dispense depressant and stimulants under their jurisdiction. Now with the Maryland State Drug Abuse Control Act in effect as of July 1, 1968, the Division of Drug Control of the Department of Health has the necessary authority to regulate all persons involved in the manufacture, distribution, compounding and dispensing of these drugs.

Because of the clear lack of jurisdiction in the past, no one in Maryland has authentic statistics about the scope of physician dispensing in Maryland. We believe that physician dispensing in Maryland has declined in recent years and that regular dispensing is practiced by a relatively small percentage of the total.

I would like to stress that the Medical & Chirurgical Faculty and the Maryland Pharmaceutical Association have sought to cooperatively tackle this matter on an inter-professional basis.

As a result, the "Physician/Pharmacist Code of Cooperation" was adopted by both bodies in 1967, which includes the following statement:

"The American Medical Association's Code of Ethics states, in part:

It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient.

Notwithstanding this statement, the Medical and Chirurgical Faculty of the State of Maryland believes that drug dispensing by physicians should be discouraged if adequate pharmaceutical service is available. A physician's professional source of income should be from the services he renders to his patients, and only from this source."

However, we do get reports that in certain areas, there is a problem.

Most pharmacists have been reluctant to provide details because many dispensing physicians do write some prescriptions and there is often fear of some kind of retaliation.

I do have the written statement of one pharmacist who wrote:

"Our general area is serviced by approximately thirty physicians whose offices are in the immediate vicinity,

*Presented at hearing conducted by the Consumer Protection Division, Office of the Attorney General, State of Maryland, September 13, 1968.

to keep pace with pharmacy

In 1960 Lederle Laboratories established the Pharmacy Consulting Board to advise us on matters relating to the many phases of pharmacy. All segments of the profession are represented by recognized leaders, everyone a pharmacist.

We communicate with this distinguished Consulting Board continuously, hold joint meetings at least once a year, listen carefully to what each member has to say, and consider our policies accordingly. It's just another means by which Lederle Laboratories keeps abreast of the rapidly changing patterns of your profession.

Good business for both of us.

The Lederle Pharmacy Consulting Board for 1968



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of Hook drug chain,
Indianapolis,
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Pharmacist of Henry
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James L. Love, Jr.,
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Delray Beach,
Florida.



**Dr. Stanley G.
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Pharmacy,
University of
Arkansas, Little
Rock, Arkansas.



John B. Tripeny, Jr.,
Retail Pharmacist,
Casper, Wyoming.



LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

in addition to the myriad of specialists in the greater Baltimore Metropolitan Area. Of these, there are two that are "full-time" dispensing physicians. One of these physicians is primarily a "Ma and Pa" type of practitioner. This set up shows the doctor seeing the patients and his wife dispensing the medication. Refills are handled by Mrs. Doctor and a fee is charged for the medication as well as the visit. The second physician has a well organized set-up, complete with a special refill window, to which a patient may come to get a refill on his prescription. Nurses or medical assistants dispense in most instances here, and a charge is made for the medication received.

In addition to the two full time dispensers, many of the remaining physicians in our area dispense to some degree. This type of dispensing mainly falls within two categories:

- (1) starter samples
- (2) special categories:
 - a. diet medication
 - b. maintenance drugs
 - c. investigational drugs
 - d. birth control medication

No one in pharmacy really questions the right of the physician to dispense starter doses, investigational drugs or emergency medication. Sale of diet medication brings out some interesting possibilities for monetary benefit to the physician as it allows the physician to:

- (1) keep effective control of the patient
- (2) watch blood pressure and weight losses
- (3) bring the patient back each week."

This pharmacist went on to describe the example of a physician who dispenses birth control pills at substantially above the prevailing charge at pharmacies in the area. On subsequent visits the patients are rarely seen by the phy-

sician and an assistant gives out an unlabeled package of tablets.

The thrust of our position here today is that we should be concerned with the entire problem of physician dispensing because promiscuous, unprofessional and dangerous practices involving "diet pills" are so often part of a general dispensing pattern not conducted solely for the patient's benefit.

We believe that the following factors should be noted:

- (1) A vast and varied armamentarium of modern chemotherapeutic agents is available from community pharmacies, whereas the physicians choice of drugs may be governed and limited by the inventory in his own office or financial concern for his own pharmacy operation;
- (2) There is special training, education (five years of college) and licensure requirements which pharmacists must meet before they can serve the health needs of the public: The pharmacist is prepared to be the expert on drugs.

The Maryland Pharmaceutical Association has been concerned with the need for continuing education for pharmacists in order to discharge this responsibility effectively. Together with the University of Maryland School of Pharmacy, the Maryland Pharmaceutical Association has sponsored the Annual Swain Pharmacy Seminar and this year is launching a series of lectures on The Pharmacists Responsibility in the Evaluation of Drug Quality.

- (3) There are benefits of consultation and a system of checks against error that are inherent when the physician prescribes and the pharmacist dispenses, but which are lost when physicians dispense;

One of the vital innovations in this area is the adoption by a growing number of pharmacists of an individual or family patient medication record card. This record includes the drug sensitivi-

ties, allergies and idiosyncrasies of patients. It is the patient's medication history. Pharmacist report many cases whereby some possible drug interaction or allergic response was prevented. Often a patient will see more than one physician and the pharmacist has prevented the potentiating or incompatible effects when some drugs are prescribed concurrently. In addition, there are many non-prescription drugs which may be contra-indicated in conjunction with other drugs, prescription or otherwise.

- (4) The time dispensing activities physicians take could be better utilized in the public interest for practicing medicine (often dispensing is, in fact, turned over to non-professional personnel in the physician's office);
- (5) The costs the public pay for medication from physicians are not lower than those available from community pharmacies and may be even higher;
- (6) An inherent conflict of interest is involved where a physician prescribes or dispenses drugs from which he will personally make a profit;
- (7) Many individual physicians favor the complete separation of medicine and pharmacy and look upon "doctor merchants" as unfair competition.

The Maryland Pharmaceutical Association therefore recommends that the Maryland Pharmacy Law — Article 43, Section 249, be amended to read as follows, beginning with the second sentence:

"It shall **not** be lawful for any person not a registered pharmacist to compound and dispense prescriptions except that physicians, dentists and veterinarians may personally compound and dispense their own prescriptions in an emergency or where there is no community pharmacy reasonably available as a source of drugs

and devices in the general area of the practitioner's place of practice or the patient's place of actual residence, taking into account the reasonable needs of the patient."

Perhaps this can be worked out without additional legislation by joint efforts of the medical and pharmaceutical associations in Maryland. We will certainly try to do so.

We shall have to wait to see if the exemption as to record keeping requirements granted physicians in our federal and state drug abuse acts, unless they are "regularly engaged in dispensing" drug abuse drugs is warranted.

An editorial in *The Maryland Pharmacist* is pertinent to the matter of drug abuse —

Drug Abuse—Pharmacy's Role

You seldom pick up a newspaper or magazine today without finding an article about drug abuse. Radio and TV are also focusing on this problem daily.

Drug Abuse has become widespread in our society. No segment of our population regardless of socio-economic status, race or any factor, has been spared.

The reasons for the present drug abuse situation in our society are many and complex. But it seems that the cavalier attitude toward drugs of many members of the various health professions has not contributed to the proper respect for the properties of drugs.

Physicians, dentists, veterinarians, nurses and pharmacists all share a responsibility for the lack of respect that the general public has toward the inherent potential toxicity of **all** drugs—prescription and non-prescription.

We have all heard both health professionals and laymen say about someone's medication: "it is **only** phenobarbital," or "it is **only** a tranquilizer," or "it is **only** penicillin."

What health professionals seem to forget and laymen evidently do not realize is that a drug is a chemical agent that has the ability to alter or affect animal physiology and that every drug therefore has a potential toxic capability.

The nonchalance of many physicians and pharmacists towards drugs is certainly not a deterrent to the thousands of accidental poisonings by drugs both legend and over-the-counter that have occurred.

It was only after decades of medical use that barbituates and amphetamines were found to have severe addictive qualities. It is only recently that medical and pharmaceutical scientists have given great attention to the potentiating effect of some drugs when prescribed simultaneously with certain other drugs. The study of drug interactions in the body and their effects on therapy are in the pioneering stage. The hazards of self-medication particularly when there is concurrent therapy with prescribed medication are only now being considered by clinicians.

The permissive climate of our society in regard to the use of prescription medication is reflected in such practices as one person taking medicine prescribed for another without the benefit of professional consultation.

Also contributing to the nonchalant public attitude toward drugs is the promiscuous dispensing of drugs by some physicians, dentists and veterinarians. Often this dispensing is done without maintaining the kind of records so stringently required of pharmacists. Even worse is when dispensing physicians permit such unqualified assistants such as nurses, secretaries and miscellaneous kinds of personnel to dispense drugs. (The question arises as to whether any agency inspects these physician "drug rooms" as to conformity to Federal and State drug laws).

With such a state of affairs, we recommend that the pharmacists of Maryland take the initiative in launching a program with the following objectives:

1. Professional Education

Education of all health professionals in all aspects of drug action and interaction, drug processing and drug abuse.

2. Public Information

The dissemination of information to the public on prescription and non-prescription drug use and abuse.

3. Community Coordination

The coordination into one statewide council of all agencies and organizations — governmental, private, professional and lay — in order to most effectively implement the first two objectives.

With the minimum five year university education now required, pharmacists are academically qualified to be the drug experts of our society. We have not fully exploited our potential in the medical care of our fellow citizens. We have not assumed the complete and necessary role we can play in the solution of many public health problems.

In the matter of drug use and drug abuse, the Maryland Pharmaceutical Association can bring together all interested parties who can contribute constructively to the problems. Pharmacists can and should be the leaders in this field.

* * *

The Maryland Pharmaceutical Association believes that these hearings have made a significant contribution to an important health problem and expresses its appreciation to Attorney General Birch, Mr. Norman Polovoy, Chief, Consumer Protection Division, and their associates for the opportunity to present this information.

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Good News

about products & profits from A. H. Robins

Forecast:

Colds, "flu,"
U.R.I.
on increase

Another record winter for cough & cold preps?

New Asian Flu Virus Threatens U.S.

According to a recent article in Medical World News, an unexpected outbreak of Asian flu from a new viral strain now appears likely this winter. The prediction was made by public health experts at the National Communicable Disease Center in Atlanta. First detected in Hong Kong, the new viral strain has already caused abnormal incidence of flu-like diseases on several U. S. Navy ships in the Far East. On one Navy oil tanker 70% of the crew has come down with "flu."

Probably headed for U.S.

The virus appears to be on a course which will eventually carry it to

this country and a vulnerable population. Vaccine makers were prepared to pull out all stops, even skip clinical trials if necessary, in order to have a new vaccine available as soon as possible. While considered a variation of the A2 strain, the difference is apparently great enough to afford little antibody protection against the new virus. As a result, the A2 vaccine would be of little or no value, except as a last-ditch measure among highly susceptible persons.

A high incidence of "flu" and U.R.I. again this winter could result in the use of cough and cold preparations that will equal the near-record set in 1968.



Promotional Aids Sell Robitussins

A. H. Robins has prepared two attractive counter display trays to hold a dozen cartons each of Robitussin and Robitussin-DM. These include display cards printed on both sides to attract the customer coming and going. On one side they promote the theme "break it up." The back of each card is printed in amateurish hand lettering to give the signs that home-made look. The 6- to 8-hour cough relief theme is featured for Robitussin-DM.

The company is also providing statement and bag stuffers on all ethical OTC products as well as shelf identifiers for the full line. Also plastic pocket savers for Robitussin-DM. These point-of-purchase aids will be valuable selling tools for the druggist. Another important part of A. H. Robins' promotional program is the inclusion of informational folders in all cartons containing 4-ounce bottles of the four Robitussins. In addition to cross-promoting the Robitussin family, these brochures will also feature the other products in the Robins OTC line.



What's so special about health care products sold in drug stores only?

This ad in the November issue of Parents' Magazine explains to your customers why they should rely on professionals for advice on drug products. It tells why the drugstore is the place to buy these health care items. The ad also features the full line of Robins' ethical OTC products.



Again this winter A. H. Robins will send out this special "flu" kit to doctors. Included are starter samples of 4 classic drugs for symptoms of "flu," coughs and colds, U.R.I., and viral gastroenteritis. Ads in medical journals and direct mail will also promote these products.

Tell them you saw it in "The Maryland Pharmacist"

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges County Delegation held public hearings, Monday evening, December 3, 1968 at the County Service Building, Hyattsville, Md.

Gabriel E. Katz, legislative chairman and Secretary Paul Reznek appeared before the Delegation to present the views of the Association.

Mr. Katz presented a position paper on the Blue Laws as they affect Prince Georges County. Mr. Reznek spoke on the proposed licensing of professional occupations. (The position paper follows this article. Nathan I. Gruz, Executive Secretary MPhA assisted in the preparation of the brief.) The proposed licensing is intended as a revenue raising measure and would also affect salaried pharmacists according to delegation spokesmen. Our association will present a brief to the delegation regarding the licensing in the near future.

STATEMENT OF THE PRINCE GEORGES-MONTGOMERY COUNTY PHARMACEUTICAL ASSOCIATION

Mr. Chairman, Members of the Prince Georges County Delegation:

I am Gabriel E. Katz, partner in the Hollywood Drugs, in College Park, Maryland and I am here in my capacity as Chairman of the Legislative Committee of the Prince Georges-Montgomery County Pharmaceutical Association.

We appreciate this opportunity to appear before you to present the views of our Association on the recently enacted Sunday Blue Laws which affect Prince Georges County.

Our organization represents more than one hundred pharmacies in the Prince Georges and Montgomery County Area.

Most pharmacies are open on Sunday to provide prescription service, medical supplies and other health related serv-

ices and products. These are the primary reasons why the pharmacies are open and required to have a pharmacist on duty at all hours.

At the same time, it should be realized that relatively few physicians hold regular office hours on Sunday and consequently relatively few prescriptions are dispensed. Few though these prescriptions may be, many of them are of an emergency or urgent nature for acute infections and other critical illness involving children and other age groups. In addition many people run out of medication and require refills on Sunday in order to maintain the prescribed regimen.

Most pharmacies stock many household and other convenience items to meet the needs of their clientele and in order to meet expenses and provide for a modest profit; without the opportunity to make sales of these additional products, most pharmacies would find it uneconomical to be open Sunday and be available for professional pharmaceutical services.

We, therefore, request that consideration be given for the exemption of all licensed pharmacies in Prince Georges County from the provisions of the Blue Laws.

The Prince Georges - Montgomery County Pharmaceutical Association stands ready at all times to assist the Delegation in any way possible in developing appropriate legislation on this subject and in helping in every way possible in matters affecting Public Health and Welfare.

Please advise us of any matters which may arise in the area of medical care or which may affect the operations of small business.

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CONTEMPORARY GREETING CARDS

A Serious Challenge

The Guild for Infant Survival, Inc. is dedicated to solving the mystery of 25,000 sudden infant deaths a year through personal information, public education and medical research.

Founded in November 1964 and headquartered in Baltimore at 6822 Brompton Road, Baltimore 21207—telephone Wi 4-2502 (area code 301) the Guild is seeking funds so that investigations into the sudden causes of infant deaths can be made.

Dr. Russell S. Fisher

Right here in Baltimore, Maryland's Medical Examiner, Dr. Russell S. Fisher, is on the verge of realizing his 20 year ambition to investigate what we know only as sudden, unexpected infant death (crib death). A brand new, only-one-of its kind Medical Examiners Building and Research Center will be completed in April 1969, in which Dr. Fisher is already planning his research counter attack against this major health menace.

The Medical Examiners Building is located at Pratt and Penn Streets in Baltimore, a short block away from the Kelly Memorial Building, headquarters of the Maryland Pharmaceutical Association.

Purpose of Guild

The Guild is a non-profit, non-sectarian, charitable organization, incorporated under the laws of the State of Maryland. Its monthly meetings are open to the general public. New memberships are invited at all times at \$5.00 per year per family. All Guild work is performed voluntarily; there are no paid workers, promoters, representatives or officials.

GIVE NOW

In a letter to the Maryland Pharmaceutical Association, Saul Greenberg, President of the Guild asked members of the Association to "Give now so in-

fants yet unborn will not know the fear of death at the beginning of life. The answer will be found sooner or later. With your help that answer will be found sooner."

— o —

Obesity & Diabetes

Overweight adults may be more susceptible to diabetes because of enlarged fatty tissue cells which are resistant to insulin, according to research supported by the National Institute of Arthritis and Metabolic Diseases of the National Institute of Health. Studies of the fatty tissues of obese and normal weight subjects by Dr. J. Hirsch and his associates at Rockefeller University, New York, have also shown that weight loss and the consequent reduction in fatty cell size restores both tissue sensitivity to insulin and blood insulin levels to normal.

Insulin The Hormone

Insulin is the hormone which regulates the conversion of sugar to energy in the body, while diabetes is a disease in which either not enough insulin is produced, or if produced, is not effectively used.

While there are several factors predisposing individuals to diabetes, onset of the disease during adulthood most often occurs in obese persons. Previously scientists had thought this was due to "insulin resistance" in tissues close to the skin, but these had not been precisely identified nor the nature of the abnormality known until the present study. (Dr. Hirsch and his associates reported their study in the *Journal of Clinical Investigation*.)

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MPhA Districts As Of December 1968

District 1: Eastern Shore — Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico and Worcester Counties.

District 2: Central—Baltimore City; Baltimore, Harford, Anne Arundel and Howard Counties.

District 3: Southern—Calvert, Charles, Montgomery, Prince Georges and St. Mary Counties.

District 4: Northern—Carroll, Frederick and Washington Counties.

District 5: Western—Allegany and Garrett Counties.

Baltimore Metropolitan Pharmaceutical Association Annual Meeting

Report of Secretary

NATHAN I. GRUZ

November 21, 1968

This is the seventh Annual Report I have presented to you as Secretary of the Baltimore Metropolitan Pharmaceutical Association.

Seven years ago the problems were Fair Trade, certain kinds of advertising, and the fee schedule of the Medical Care Program. Then in 1961 and 1962, the Medical Care Program was the only government health program affecting pharmacy. We had a fee schedule of 50-70-1.00 and 2.00 for prescriptions dispensed under the program.

Let us see what has concerned us since the end of 1967 and all of 1968.

There were three areas which dominated the scene: Medicaid (which replaced the Medical Care Program), the OEO Provident Comprehensive Neighborhood Health Center, and the April riots.

Medicaid problems have pre-empted our time and efforts more than any other. Both the BMPA and MPhA Officers have devoted considerable time and energy to working with health department officials, legislators, personnel and the Governor and his staff. In addition, I have attended innumerable meetings and conferences of advisory bodies, the Board of Health and met with executives of other professions. This is, of course, on top of the meetings of BMPA and MPhA Committees that are involved.

We are still working to resolve the matter of restoration of the fees and of improving the reimbursement procedures. Perhaps the new State Administration will bring about the necessary changes for efficient and ex-

peditious payment of Medicaid bills with a minimum of delay and red tape.

At the same time, we are making progress for the coming year as evidenced by the recommendation of the Department of Health of \$1.75 fee subject to budgetary and executive approval. This will be a high priority item on the agenda from now until the end of the Legislative Session in April.

The OEO funded Provident Comprehensive Neighborhood Health Center during many weeks and months also required a great deal of time and attention. Detailed information had to be drawn up for testimony before the Baltimore City Council and a Congressional Committee. Through the efforts of many of your officers and our legal counsel, effective presentations were made.

It was necessary to travel to Washington often and to overcome many roadblocks and frustrations. All of this had to be coordinated through the MPhA-BMPA Association office. As you know, a compromise agreement was finally reached for a vendor pharmacy program. It has been a team effort of the Association, your officers, particularly President Fedder, your legal counsel and faculty, particularly Dr. Peter P. Lamy, who is serving as Chairman of the Committee that has developed the guidelines and is working with vendor pharmacies. This week we received copies of the proposed agreement to govern vendor pharmacy-health center relations. We hope that all details can be completed in the very near future and that the plan can be implemented.

It is my conviction that there can well be a positive, constructive benefit to pharmacy from the developments in

connection with comprehensive health centers. As we devise and innovate new practices to meet the requirements for center patients, these will become the standards for service to all patients and eventually will be provided in all pharmacies.

The third major area of concern was the impact of the April "riots" which affected more than 61 pharmacies. At one point, more than 20 were closed and 11 more were operating with only partial service to the public. More than a dozen were completely damaged. The effects of civil disturbances will be felt by pharmacists in the ghetto areas for a long time. However, there have been encouraging attempts to adopt and continue to provide pharmacy services in the inner city. (I am happy to see Leonard Kramer here).

BMPA will have to be alert to meet the pharmacy needs in all areas of the City and surrounding counties. We must be thinking of new methods and systems. To this end I would like to recommend to President-elect Lachman that BMPA set up liaison with all City agencies involved in rehabilitation to see what the health needs are. Perhaps it will be necessary to sponsor a non-profit corporation to provide for pharmacy services in circumstances where private initiative or investment will not or can not fill the needs.

In accordance with the Executive Committee directive, we prepared amendments to the City Minimum Wage Law and your Secretary testified in favor of a pharmacy exemption. No Council action was taken, but the Ordinance was declared invalid by the Courts.

In the areas of prescription pre-payment plans, we hoped to establish a pharmacy sponsored plan, but the obstacles have been many. Finally, in September, Blue Cross did launch a plan.

During the Legislative Session, there were many bills concerned with health which required our constant attendance in Annapolis. As you know, the BMPA President-Elect, Bernard B. Lachman, is MPhA's Legislative Committee Chairman. Together with Vice President Padussis and others, we were able to defeat detrimental legislation in connection with medicaid and Fair Trade. We supported a number of bills which affected public health.

From the inception of my election as Secretary, I have advocated that the concept of a single unified profession of pharmacy must be our goal as the structure for BMPA as well as the MPhA. This year, this concept became a reality—now *all* pharmacists can be active, voting members, regardless of whether they are proprietors or salaried pharmacists.

Our emphasis must be now on involving young pharmacists as participating members of the profession and encourage them to assume leadership positions. I am gratified that this has already been started for we do have some younger men in our Executive Committee and we will have more, I am sure.

A second important advance is the approval of the machinery for a reciprocal dues structure between BMPA and MPhA. I am hopeful that an agreement can be consummated whereby the payment of one dues will make a pharmacist a member of both his local and his state professional societies.

In conclusion, I wish to recommend that BMPA concentrate on integrating our younger generation into the membership. We must direct our limited resources to just a few primary areas such as local governmental health programs and an effective public relations program for the area. Great credit is due Charlie Spigelmire in this regard, as well as for his efforts in membership solicitation.

Pharmacy has changed radically in just a few years. Even more radical changes are sure to come in the next five years. There are many problems, as we all know, but they must be looked upon as challenges that can be met when men of good will exercise a concern for each other, for the profession and above all are committed to the goal of bringing the best possible pharmacy service to all our citizens.

I take this opportunity to offer my assistance in every way possible to the incoming officers who will bear such a great responsibility on behalf of their colleagues in pharmacy. I close by extending my deep appreciation to all those officers and members and colleagues in all branches of pharmacy who have helped me try to fulfill my commitment to contribute to the advancement of the profession of pharmacy and the health care of our community.

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Pharmacy Calendar

Sunday, March 2—Prince Georges-Montgomery County Pharmaceutical Association, Continuing Education Program, Center of Adult Education Building, University of Maryland College Park, 10:00 A.M.-5:15 P.M.

Thursday, March 13, 1969—Alumni Association, School of Pharmacy, Dinner Meeting, Eudowood Gardens, Baltimore.

March 16-22, 1969—National Poison Prevention Week.

Thursday, March 20, 1969—Robert L. Swain Pharmacy Seminar, Holiday Inn Downtown, Baltimore.

Thursday, April 17 — Spring Regional, MPhA. Chestnut Ridge Country Club, Falls Road (Md. Rte No. 25) Baltimore Beltway Exit 23.

Saturday, April 26 — Prince Georges-Montgomery County Pharmaceutical Association Annual Installation of Officers, Burn Brae Dinner and Theatre Club, Burtonsville, Md.

May 17-23, 1969—APhA Annual Meeting, Montreal.

Wednesday, June 4 — Annual Banquet, Alumni Association School of Pharmacy, Eudowood Gardens, Baltimore.

July 13-17—87th Annual Maryland Pharmaceutical Association Convention. Tamiment-In-The Poconos.

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specialized operation. It takes a great deal of up-dated professional knowledge and skill, new product awareness, in fully adequate quantities for both sides of the counter—in fast, efficient deliveries, in accurate modern billing methods.

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THE SYMBOL OF SERVICE TO PHARMACY

Annual Report of the Maryland Board of Pharmacy 1967—1968

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency Spiro T. Agnew, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixty-fifth report to the Governor of the State and the fifty-fifth to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1968.

Personnel

During the year the Board held fourteen meetings, six of which were held at the School of Pharmacy of the University of Maryland, for the purpose of conducting examinations for registration of pharmacists.

At its first meeting the Board reorganized and elected Mr. A. J. Ogrinz, Jr., President and Mr. F. S. Balassone, Secretary-Treasurer. The other members of the Board were: Messrs. Norman J. Levin, Howard L. Gordy, and Morris R. Yaffe.

At the annual meeting of the Maryland Pharmaceutical Association held at the Tamiment-in-the-Poconos, Tamiment, Pennsylvania, on July 17-20, 1967, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for Norman J. Levin whose term would expire on April 30, 1968:

Norman J. Levin
Donald O. Fedder
Anthony G. Padussis

Governor Agnew reappointed Norman J. Levin a member of the Board for a term of five years, beginning May 1, 1968.

On June 13, 1968 Mr. Arthur C. Harbaugh, a former member of the Board of Pharmacy, passed away. Mr. Harbaugh served as a member of the Board from May, 1957 to April, 1966.

President A. J. Ogrinz, Jr., served as a member of the Committee on Examinations and Internship of the National Association of Boards of Pharmacy.

At the annual meeting of the Central Atlantic States Association of Food and Drug Officials held in Philadelphia, Pennsylvania, Secretary Balassone was presented with the C.A.S.A. Award as having been the person who contributed the most in food and drug work during the past year.

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 15, 16, and 17, 1967, and on June 26, 27, and 28, 1968.

There were seventeen applicants for the full Board in November. Twelve passed both the theoretical and practical examination and were subsequently registered, and five failed the examination.

Having previously passed the theoretical portion of the examination, twenty-six candidates took the practical examination in November. All of these candidates passed and were subsequently registered.

One applicant took the practical portion of the examination because he had not met all of Maryland's requirements for practical experience for reciprocity. This applicant passed and was subsequently licensed by reciprocity.

There were four candidates who were eligible to take the full Board in June. Three passed both portions of the examination and were subsequently registered and one failed the examination.

Fifty candidates took only the theoretical portion of the examination because they did not have enough practical experience to take the full Board examination. Of these, forty passed the theoretical portion and ten failed this portion of the examination.

In order to meet the Board's requirements for reciprocal registration, because of lack of practical experience, three candidates took only the practical examination. All three candidates passed, thus making them eligible for reciprocity in Maryland.

The subjects assigned at both the November, 1967 and the June, 1968 examinations were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Chemistry	Alexander J. Ogrinz, Jr.
Chemical and Pharmaceutical Mathematics.....	F. S. Balassone
Materia Medica and Pharmacognosy	Morris R. Yaffe
Practical Pharmacy	Howard L. Gordy

Board of Examinations Held

November 15, 16, and 17, 1967

Applicants	Passed	Withheld	Failed
43	38	0	5

June 26, 27, and 28, 1968

Applicants	Passed	Withheld	Failed
54	3	40	11

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
97	41	40	16

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1958-1959	79
1959-1960	55
1960-1961	63
1961-1962	62
1962-1963	74
1963-1964	100
1964-1965	11
1965-1966	64
1966-1967	58
1967-1968	41

As in the past many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland.

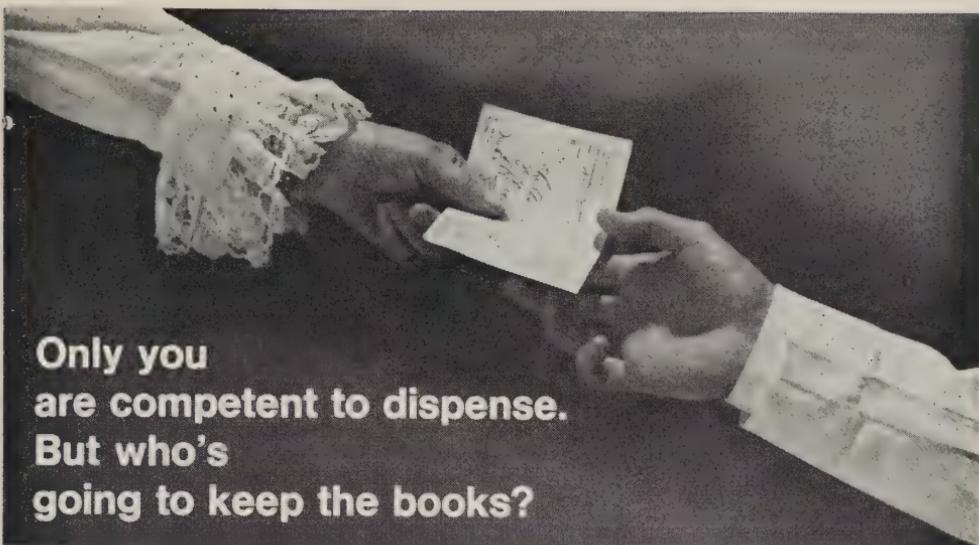
Those applicants who did not meet our requirement concerning practical experience prior to or after registration were advised that they must take our practical examination in order to verify their qualification.

In all cases an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1968 Fiscal Year:

Registered By Reciprocity

Name	Certificate Number	Dated	State
James Franklin Allen	6810	July 17, 1967	Georgia
Gerard Rodney Coale	6811	July 17, 1967	Delaware
Lydia Ann Bowles	6812	July 17, 1967	Dist. of Columbia
Salvatore D. Gasdia	6813	July 17, 1967	Massachusetts
Leonard E. Sogoloff	6814	July 17, 1967	Pennsylvania
Robert Louis Cruz	6825	August 4, 1967	Arizona
Richard C. O'Leary	6826	August 4, 1967	Massachusetts
Carolyn Marie Jordan	6827	August 23, 1967	New York
Elaine G. Henry	6828	Sept. 1, 1967	New York
Morton Stanley Cohen	6829	Sept. 13, 1967	Massachusetts
Sheldon Gaslow	6830	Sept. 13, 1967	New York
Ivey L. Heath, Jr.	6831	Sept. 13, 1967	North Carolina
Henry William Phelps	6832	Sept. 13, 1967	Oklahoma
Robert Meyer Shafer	6833	Sept. 13, 1967	Pennsylvania
William H. Webster, Jr.	6834	Sept. 13, 1967	Nebraska
Stewart Richard Stein	6835	Sept. 21, 1967	Pennsylvania
David Lowe Pitts	6836	Sept. 21, 1967	Mississippi
John Ralph Wood, Jr.	6837	Sept. 25, 1967	Kentucky
Joseph Lewis Cohen	6838	Sept. 28, 1967	New York
Oliver W. Tibbs, Sr.	6839	Oct. 12, 1967	Louisiana
Marion Harold Wall	6840	Oct. 12, 1967	Ohio
Lester S. Constantine	6841	Oct. 26, 1967	Pennsylvania
Constance M. Koosmann	6842	Oct. 26, 1967	Colorado
Larry Moore	6843	Nov. 16, 1967	Dist. of Columbia
John Edward Cheek	6844	Dec. 5, 1967	Pennsylvania
William Michael McGuire	6892	Dec. 28, 1967	Michigan
Gerald M. Nathan	6893	Dec. 28, 1967	New York
Emory W. Parsons, Jr.	6894	Dec. 28, 1967	Rhode Island
Elias Sidney Kalen	6895	Jan. 10, 1968	Dist. of Columbia
Charles Andrew Sipe	6896	Jan. 10, 1968	Pennsylvania
Michael Lynn Thompson	6897	Jan. 10, 1968	Arizona
William Arthur Williams	6898	Jan. 10, 1968	Indiana
George Brown	6899	Jan. 24, 1968	Louisiana
Norman A. Drezin	6900	Jan. 24, 1968	Dist. of Columbia
Benjamin C. Goldsmith	6901	Jan. 24, 1968	Massachusetts
Barry Duane Graden	6902	Jan. 24, 1968	Indiana
James Stephen Millman	6903	Jan. 24, 1968	Michigan
Paul Hammond Woods	6904	Jan. 24, 1968	Dist. of Columbia



**Only you
are competent to dispense.
But who's
going to keep the books?**

By the early '70's, it's estimated, pharmacists will be dispensing more than 250 million prescriptions which the patient won't pay for. All that 250 million—and some estimates go as high as 500 million—will be paid for by a "third party"—a private insurance plan, or some level of government.

But before you advertise for an assistant, consider what you'll need—a pharmacist or an accountant. Because someone has to fill out those forms, check the regulations, shuffle all that paper work. The best guess is that the someone is you.

Others have suggested that the patient can keep his own books, handle his own authorization. After all, the patient handles physician Medicare claims. But now we're talking about ten to twenty times the number of transactions, an enormous administrative burden. And the patient can scarcely be expected to handle such complex and awesome concepts as corridor deductibles, approved medication lists, and maximum allowable costs.

So most of the experts are agreed that the someone will be you. (The concept of the pharmacist as steward is called "mandatory assignment.") If that's the case, you may want to have a say in drawing up the rules. For

instance, you may want regulations which...

- include a simple beneficiary identification method that avoids confusion about eligibility;
- avoid a formulary and a system of maximum allowable cost which would (1) cause widespread problems regarding the eligibility of drug products and reimbursable prescription costs, and (2) restrict the physician from prescribing the medication of his choice;
- are based on the easy-to-administer "co-pay" deductible (for example, a small charge per prescription) rather than the complicated "corridor" deductible in which the patient pays all costs up to a predetermined yearly sum (\$25, for instance) before he is eligible for benefits;
- provide prompt reimbursement to the pharmacist.

Any method which overburdens the pharmacist, restricts the physician, and confuses the patient, leaves much to be desired in the quest for quality medical care.

The community pharmacist is vital to any extensive third-party payment plan. Your elected representatives and your organization officers should know your views.

Registered By Reciprocity (Continued)

Name	Certificate Number	Dated	State
Harry Zimmerman	6905	Jan. 24, 1968	North Dakota
Alex Bigman	6906	Feb. 5, 1968	Pennsylvania
Gordon Douglas Evans	6907	Feb. 5, 1968	Missouri
Raisa Cerny	6908	Feb. 27, 1968	Dist. of Columbia
Terry Lee Martin	6909	Feb. 27, 1968	Missouri
Theodore Kranzler	6911	March 11, 1968	Dist. of Columbia
John V. Painter	6912	March 11, 1968	Minnesota
Richard A. Greulich	6913	March 18, 1968	Pennsylvania
Gordon Ray Hair	6914	March 18, 1968	Oklahoma
James F. Sedgewick	6915	April 19, 1968	Dist. of Columbia
James Neil Bazerman	6916	April 29, 1968	New York
Salvatore A. Mistretta	6917	April 29, 1968	Dist. of Columbia
Marna Winifred Carter	6918	May 3, 1968	Louisiana
Michael Pete Hornick	6919	May 3, 1968	Pennsylvania
Richard Howard McGeown	6920	May 3, 1968	Pennsylvania
Robert B. Young, Jr.	6921	May 3, 1968	Louisiana
Casimer Joseph Pruski	6922	May 16, 1968	New York
Carmen Y. Celbolloero	6923	May 24, 1968	Puerto Rico
Leonard Cherkin	6924	May 24, 1968	Pennsylvania
Harry Moscoso	6925	May 24, 1968	Puerto Rico
Douglas Charles Weise	6926	May 24, 1968	Texas
Domingo R. Martinez	6927	June 10, 1968	Texas
Joel S. Swartz	6928	June 10, 1968	Pennsylvania
Charles M. Varljen	6929	June 10, 1968	Pennsylvania
David Lee Hoyt	6930	June 18, 1968	Pennsylvania
Barry A. Sklar	6931	June 18, 1968	Pennsylvania

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
1961-1962	35	20
1962-1963	54	18
1963-1964	46	23
1964-1965	63	20
1965-1966	44	25
1966-1967	61	27
1967-1968	64	20
Total	492	207

The table shows Maryland gained 285 pharmacists by reciprocity during the past ten years.



Think you're tough? Colds & flu are tougher.

**It's Tough on Profits, too,
if you're Out of Stock
on Bayer Aspirin!**

INCREASE YOUR
INVENTORIES NOW!



Pharmacy Permits

Location	1966-1967	1967-1968	Location	1966-1967	1967-1968
Counties:			Counties:		
Allegany	24	24	Montgomery	80	84
Anne Arundel	53	52	Prince George's	88	88
Baltimore	142	138	Queen Anne's	4	4
Calvert	1	1	Saint Mary's	5	4
Caroline	3	3	Somerset	5	5
Carroll	12	13	Talbot	9	9
Cecil	8	9	Washington	16	17
Charles	7	7	Wicomico	13	13
Dorchester	4	3	Worcester	7	7
Frederick	14	14			
Garrett	3	3	County Totals	527	528
Harford	18	18	Baltimore City	298	280
Howard	8	9			
Kent	3	3	State-wide Totals	825	808

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2	Montgomery	3
Anne Arundel	2	Prince George's	2
Baltimore	2	Talbot	1
Cecil	1	Washington	1
Frederick	1	Wicomico	1
Harford	1		
		Total	17

In Baltimore City, 16 hospitals received a permit to operate a pharmacy. Thus, a total of 33 hospitals have a licensed pharmacy. Four nursing homes have received a "limited" pharmacy permit. One State Penal Institution was also licensed.

From July 1, 1967 through June 30, 1968, permits have been issued to 24 new pharmacies. A total of 35 pharmacies have closed and have not, as yet, been re-opened as pharmacies

The following table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Opened	Changes in Ownership, Corporation, and/or Address	Closed
Counties	20	21	16
Baltimore City	4	16	19
Total	24	37	35

The following table shows the number of pharmacies opened, changes in ownership, etc., and closed in the past ten years:

Fiscal Year	Opened	Changes	Closed
1958-1959	28	24	19
1959-1960	31	39	16
1960-1961	41	41	25
1961-1962	34	31	15
1962-1963	39	45	22
1963-1964	20	38	20
1964-1965	22	34	20
1965-1966	27	46	44
1966-1967	41	27	25
1967-1968	24	37	35

The Riots of April 6-11, 1968 took a heavy toll of the pharmacies in Baltimore City. There were 58 pharmacies affected seriously by the riots.

6 were completely destroyed by fire. 6 were affected by tear gas.

1 was affected by fire in a given section of the pharmacy and also affected by looting, water damage, and general destruction.

45 were affected by looting and general destruction only.

Many of the pharmacies have not reopened, pending settlement with their insurance carriers. The property in several instances was so badly damaged that they cannot reopen. Several pharmacies have chosen not to reopen. Many, many hours have been spent in alerting pharmacists the potential trouble during the initial stages of the riot. Much time was also spent locating narcotics and other dangerous drugs. Many, many hours have been spent and remain to be spent in making sure that the drugs are taken to dumps and land fills so that they cannot get into the hands of scavengers.

Certificate of Registration Renewals

There are some who are still not aware of the biennial registration renewal which became effective in June 1961. The following shows the renewal periods, the number of new renewals during the past year, and the total renewals to date:

Renewal Period	Renewals During	
	Fiscal Year	Total Renewals
1961-1962	16	2323
1963-1964	16	2379
1965-1966	17	2611
1967-1968	19	2708

Manufacturers' Permits

Permits to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics during 1968 were issued to 56 firms, 43 of which were "limited" permits. An applicant applying for a permit for a newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation.

Dangerous Drug Distributors' Permits

The Board issued 149 permits to sell, distribute, give or in any way dispose of dangerous drugs during 1968. It is not necessary for a subsidiary or subsidiaries of a company to have a separate permit, as they are covered under the permit held by the parent company.

Prescription Survey

The following table shows a survey of prescriptions filled in 1967:

PRESCRIPTION SURVEY — 1967 Baltimore City

Average Number New Prescriptions Filled in 110 out of 266 Pharmacies	11,918	
Average Number Prescriptions Refilled in 110 out of 266 Pharmacies	6,630	18,548
<hr/>		
Average Price of Prescriptions in 110 out of 266 Pharmacies	\$3.19	
Estimated New Prescriptions Filled in 266 Pharmacies	3,170,188	
Estimated Prescriptions Refilled in 266 Pharmacies	1,763,580	4,933,768

Counties

Average Number New Prescriptions Filled in 274 out of 515 Pharmacies	15,327	
Average Number Prescriptions Refilled in 274 out of 515 Pharmacies	11,366	26,693
<hr/>		
Average Price of Prescriptions in 274 out of 515 Pharmacies	\$3.31	
Estimated New Prescriptions Filled in 515 Pharmacies	7,874,985	
Estimated Prescriptions Refilled in 515 Pharmacies	5,853,490	13,728,475

State

Estimated New Prescriptions Filled in 781 Pharmacies	11,072,418	
Estimated Prescriptions Refilled in 781 Pharmacies	7,625,066	18,697,484

Legislation

Senate Bill No. 231

Of particular and special interest to the Board and pharmacists was the passage of Senate Bill No. 231, signed by Governor Spiro T. Agnew on May 7, 1968, The Model State Drug Abuse Control Law. Generally this law provides for the regulation and control of the manufacture, distribution, delivery and possession of depressant and stimulant drugs with penalty for violations. The law becomes effective July 1, 1968. The complete law as passed is attached.

Editor's Note: Please refer to the August 1968 issue of the MARYLAND PHARMACIST for the STATE DRUG ABUSE CONTROL ACT, Senate Bill No. 231 for the complete law.

Senate Bill No. 102

To provide that labels of certain drugs must contain the warning that combination with alcoholic beverages may be harmful to the health (dispensing by pharmacists). Failed.

House Bill No. 314

To require warnings to be placed on labels of drugs which are harmful if taken in combination with alcoholic beverages. Failed.

House Bill No. 315

To require that physicians shall indicate on prescriptions that certain drugs may be harmful to health if taken in combination with alcoholic beverages. Failed.

Diabetes runs in the family...



... in a very special group of hamsters which has been under careful observation at our Metabolic Diseases Research Section since 1961. They're diabetic. They're very special because this particular strain of hamster, alone, most nearly mimics diabetes mellitus as it appears in

man. From this work, according to Dr. George Gerritsen, "We hope to learn how diabetes develops—what causes one animal to develop it while another doesn't. We hope to find something different which we can use to predict, before any symptoms appear, which one will become diabetic. Obviously, this will take many

years of hard work. We may never succeed, but it's our goal." Dedication is one of the constant, priceless ingredients in all Upjohn research for new and better pharmaceuticals.

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Upjohn

House Bill No. 574

To provide for the Department of Health to publish a list of drugs to be dispensed by generic name and to limit the allowable profit of handling of drugs under the Medical Aid Program. Failed.

House Bill No. 1022

To provide that pharmacists may substitute generic drugs for those prescribed, under certain circumstances. Failed.

House Bill No. 1112

To regulate the prescribing and administering of chloramphenicol and other toxic drugs by practitioners in or out of hospitals. Failed.

House Bill No. 1212

To provide that all drugs manufactured for intra-state use shall comply with Federal standards.

House Bill No. 592

To prohibit possession or use of Jimson Weed in Anne Arundel County and providing penalties for violation. Enacted.

Senate Bill No. 79

To provide for increased penalties for Inhalation of Harmful Inhalants. Failed.

Senate Bill No. 50

To redefine inhalants and solvents and increase penalties. Failed.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association which was held in conjunction with the American Pharmaceutical Association was held in Miami Beach, Florida, on May 2-9, 1968. Secretary F. S. Balassone served as a member of the Executive Committee of the National Association of Boards of Pharmacy. The Board was also represented by President A. J. Ogrinz and Mr. Morris R. Yaffe.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of the National Association of Boards of Pharmacy, District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held in Washington, D.C. on October 19, 20, and 21, 1968. The Board was represented by President A. J. Ogrinz, Secretary-Treasurer F. S. Balassone, and Mr. Morris Yaffe.

Secretary-Treasurer F. S. Balassone was made the official delegate of the National Association of Boards of Pharmacy to the annual meeting of the Association of Food and Drug Officials of the United States which was held in Hartford, Connecticut, on June 16-20, 1968.

Secretary-Treasurer F. S. Balassone attended the annual convention of the Central Atlantic States Association of Food and Drug Officials which was held in Philadelphia, Pennsylvania, on May 27-29, 1968.

The Board maintained cooperative activities with the State Department of Health, the School of Pharmacy—University of Maryland. The Maryland Pharma-

ceutical Association, the Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics and Dangerous Drugs, Food and Drug Administration, City, County, and State Police.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursements covering the expenses of the Board are paid by voucher by the State Comptroller.

Statement of Receipts and Expenditures for the Period from
July 1, 1967 to June 30, 1968

Balance Forwarded—July 1, 1967		\$ 9,174
Receipts—July 1, 1967 - June 30, 1968		10,113
		<hr/>
		\$19,287
Expenditures—July 1, 1967—June 30, 1968		
Salaries and Per Diem Board Members	\$1,949	
Operating Expenditures	5,389	7,338
	<hr/>	<hr/>
Balance—June 30, 1968		\$11,949
Transferred to General Fund Surplus		2,775
		<hr/>
Amount Forwarded—July 1, 1968		\$ 9,174
		<hr/>

Respectfully submitted,
F. S. Balassone, Secretary-Treasurer

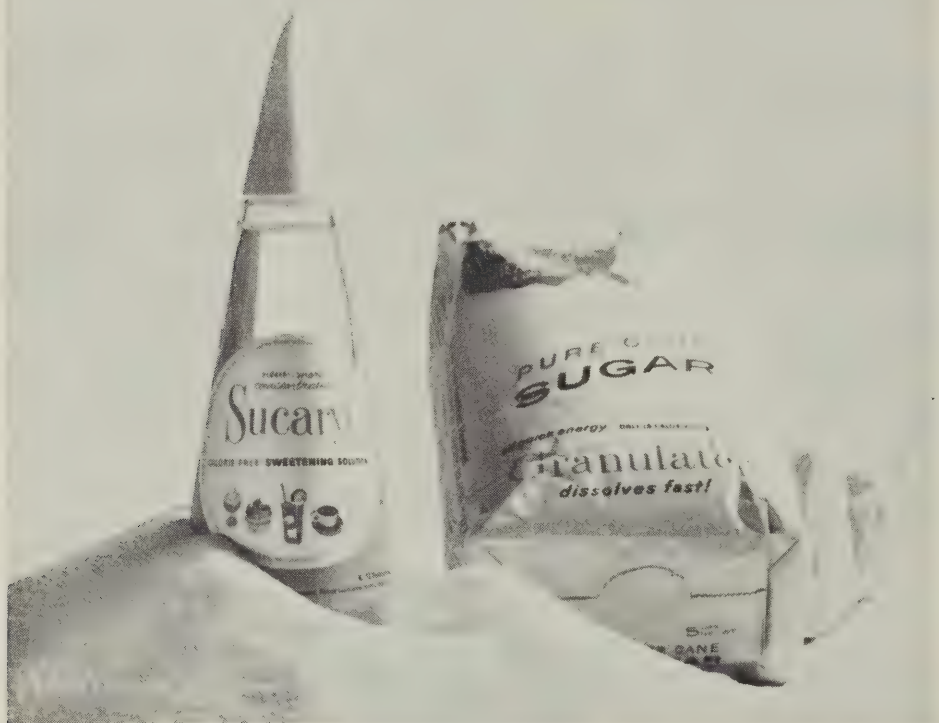


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for more sales appeal
- 3. COMPETITIVE PRICES**
with increased profits

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Quality Pharmaceuticals For Over A Quarter Of A Century
Call or write for complete catalog — WI. 5-1919 - 1920 - 1921

Sweet little money maker



**SUCARYL® SWEETENERS
ARE MADE TO TASTE MORE LIKE SUGAR THAN
ANY OTHER NON-CALORIC SWEETENER**

Leave it to Sucaryl sweeteners to innovate.

Back in the '50's, Sucaryl sweetening solution and tablets practically invented the low calorie sweetener market.

Today's Sucaryl sweetener is a little bit different from that first Sucaryl sweetener—sweeter, more natural tasting, made to taste more like real sugar than any other no-calorie sweetener on the market.

Why don't other manufacturers make their no-calorie sweeteners the same way?

Simply because they can't.

The Sucaryl formula is *patented*—and has been for years.

It's meaningful innovations like this that keep Sucaryl sweeteners out in front as the largest selling non-calorie sweetener in the marketplace—and the major factor in pharmacy sales of low calorie sweeteners.

Keep Sucaryl sweeteners in mind next time a weight-watcher hands you a prescription. You can't recommend a non-caloric sweetener that tastes more like sugar.



OFFICERS OF THE MARYLAND PHARMACEUTICAL ASSOCIATION SINCE ITS ORGANIZATION

Honorary Presidents

Joseph E. Harned*	1932	George A. Bunting*	1950
D. M. R. Culbreth, M.D.*	1933	Miss B. Olive Cole	1951
Henry R. Steiner*	1934	Embray E. Adams*	1952
A. L. Pearre*	1935	L. M. Kantner	1953
James W. Westcott*	1936	H. A. B. Dunning*	1954
E. F. Kelly*	1937	John F. Wannenwetsch*	1955
John D. Davis*	1938	Noel E. Foss	1956
C. R. Higgins*	1939	Simon Solomon	1957
J. W. Dorman*	1940	William J. Lowry*	1958
W. A. Bentz	1941	Frank L. Black*	1959
E. S. Muth*	1942	Lester R. Martin*	1960
R. G. Morrison*	1943	Elmer W. Sterling	1961
Walter L. Pierce*	1944	Lloyd N. Richardson*	1962
Robert L. Swain*	1945	John F. Wannenwetsch*	1963
A. G. DuMez*	1946	Walter E. Albrecht	1964
Wm. C. Powell*	1947	Melville Strasburger*	1965
Wm G. Bouscein*	1948	Howard L. Gordy	1966
Eugene W. Hodson*	1949	Gordon A. Mouat	1967
*Deceased		Charles E. Spigelmire	1968

Presidents

1883—J. J. Thomsen	1918—W. H. Clarke
1884—D. C. Aughinbaugh	1919—D. R. Millard
1885—E. Eareckson, M. D.	1920—G. E. Pearce
1886—A. J. Corning	1921—R. E. L. Williamson
1887—William Simon, M. D.	1922—A. L. Lyon
1888—J. Walter Hodges	1923—C. L. Meyer
1889—M. L. Byers	1924—W. K. Edwards
1890—E. M. Foreman	1925—S. Y. Harris
1891—Columbus V. Emich	1926—H. A. B. Dunning
1892—John Briscoe, M. D.	1927—Harry R. Rudy
1894—John F. Hancock	1928—Howell W. Allen
1895—Henry J. Hynson	1929—Geo. W. Colborn, Jr.
1896—H. B. Gilpin	1930—L. S. Williams
1897—W. C. Powell	1931—Wm. B. Spire
1898—Robert S. McKinney	1932—L. M. Kantner
1899—A. R. L. Dohme	1933—L. V. Johnson
1900—Wm. E. Turner	1934—Andrew F. Ludwig
1901—Louis Schulze	1935—Harry W. Matheney
1902—J. Webb Foster	1936—Melville Strasburger
1903—W. E. Brown	1937—Robert L. Swain
1904—H. Lionel Meredith	1938—A. A. M. Dewing
1905—M. A. Toulson	1939—A. N. Hewing
1906—J. E. Hengst	1940—Lloyd N. Richardson
1907—Owen C. Smith	1941—T. Ellsworth Ragland
1908—W. M. Fouch	1942—Elmer W. Sterling
1909—John B. Thomas	1943—Frank L. Black
1910—Charles Morgan	1944—Ralph C. Dudrow
1911—James E. Hancock	1945—Harry S. Harrison
1912—D. P. Schindel	1946—Albin A. Hayman
1913—J. Fuller Frames	1947—Charles S. Austin, Jr.
1914—J. F. Leary	1948—Milton J. Fitzsimmons
1915—Geo A. Bunting	1949—Nelson G. Diener
1916—Thomas M. Williamson	1950—Howard L. Gordy
1917—Eugene W. Hodson	1951—William E. Waples

Presidents (Continued)

1952—Manuel B. Wagner
1953—Otto W. Muehlhause
1954—Lester R. Martin
1955—Hyman Davidov
1956—Frank J. Macek
1957—George M. Schmidt
1958—Frank Block
1959—Gordon A. Mouat
1960—Harold M. Goldfeder

1961—Norman J. Levin
1962—Victor H. Morgenroth, Jr.
1963—William A. Cooley
1964—Solomon Weiner
1965—Alexander J. Ogrinz, Jr.
1966—Morris R. Yaffe
1967—Milton A. Friedman
1968—Samuel Wertheimer

First Vice-Presidents

1883—C. W. Crawford
1884—Steiner Schley
1885—Levin D. Collier
1886—Joseph B. Boyle
1887—C. W. Crawford
1888—C. H. Redden
1889—D. M. R. Culbreth
1890—Chas. Caspari, Jr.
1891—John Briscoe, M. D.
1892—T. W. Smith
1894—Henry P. Hynson
1895—J. W. Cook
1896—Robert S. McKinney
1897—W. S. Merrick
1898—August Schrader
1899—C. C. Waltz
1900—L. R. Mobley
1901—J. Webb Foster
1902—M. A. Toulson
1903—Owen C. Smith
1904—Mercer Brown
1905—Henry Howard
1906—A. L. Pearre
1907—J. H. Farrow
1908—J. G. Beck
1909—W. C. Aughinbaugh
1910-11—D. P. Schindel
1912—J. Fuller Frames
1913—J. D. Stotlemeyer
1914—G. A. Bunting
1915—Thomas M. Williamson
1916—Eugene W. Hodson
1917—W. H. Clarke
1918—D. R. Millard
1919—G. E. Pearce
1920—R. E. L. Williamson
1921—E. Riall White
1922—C. L. Meyer
1923—W. K. Edwards
1924-25—H. A. B. Dunning

1926—H. R. Rudy
1927—Howell W. Allen
1928—George W. Colborn, Jr.
1929—L. S. Williams
1930—W. B. Spire
1931—L. M. Kantner
1932—L. V. Johnson
1933—Andrew F. Ludwig
1934—Harry W. Matheney
1935—Melville Strasburger
1936-1937—A. A. M. Dewing
1938—A. N. Hewing
1939—Lloyd N. Richardson
1940—T. E. Ragland
1941—Elmer W. Sterling
1942—Frank L. Black
1943—Ralph C. Dudrow
1944—Harry S. Harrison
1945—Albin A. Hayman
1946—Charles S. Austin, Jr.
1947—M. J. Fitzsimmons
1948—Nelson G. Diener
1949—Howard L. Gordy
1950—William E. Waples
1951—Manuel B. Wagner
1952—Otto W. Muehlhause
1953—Lester R. Martin
1954—Hyman Davidov
1955—Frank J. Macek
1956—George M. Schmidt
1957—Frank Block
1958—Gordon A. Mouat
1959—Harold M. Goldfeder
1960—Norman J. Levin
1961—Victor H. Morgenroth, Jr.
1962—William A. Cooley
1963—Solomon Weiner
1964—Alexander J. Ogrinz, Jr.
1965—Morris R. Yaffe
1966—Milton A. Friedman

Second Vice-Presidents

1883—Thomas W. Shryer
1884—A. J. Corning
1885—Henry R. Steiner
1886—John T. Wooters
1887—J. Walter Hodges
1888—J. F. Leary
1889—Joseph B. Garret
1890—D. C. Aughinbaugh
1891—F. A. Harrison
1892—J. Fuller Frames
1894—C. B. Henkel, M. D.

1895—George E. Pearce
1896—Steiner Schley
1897—Louis Schulze
1898—Eugene Worthington
1899—John M. Weisel
1900—J. F. Leary
1901—E. T. Reynolds
1902—W. J. Elderdice
1903—Alfred Lapouraille
1904—H. L. Troxel
1905—J. J. Barnett

Second Vice-Presidents (Continued)

- 1906—Alfred Lapouraille
1907—W. C. Carson, M. D.
1908—Franz Naylor
1909—W. G. Lowry, Jr.
1910—R. E. L. Williamson
1911—J. D. Stotlemeyer
1912—Henry Howard
1913—Geo. A. Bunting
1914—Henry Howard
1915—Eugene W. Hodson
1916—C. K. Stotlemeyer
1917—D. R. Millard
1918—G. E. Pearce
1919—R. E. L. Williamson
1920-21—J. W. Westcott
1922—W. K. Edwards
1923—H. A. B. Dunning
1924—S. Y. Harris
1925—L. L. Kimes
1926—Howell W. Allen
1927—Geo. W. Colborn, Jr.
1928—L. S. Williams
1929—Wm. B. Spire
1930—L. M. Kantner
1931—L. V. Johnson
1932—A. F. Ludwig
1933—Harry W. Matheney
1934—Melville Strasburger
1935—A. A. M. Dewing
1936-37—A. N. Hewing
- 1938—Lloyd N. Richardson
1939—T. E. Ragland
1940—E. W. Sterling
1941—Frank L. Black
1942—Ralph C. Dudrow
1943—Harry S. Harrison
1944—Albin A. Hayman
1945—Charles S. Austin, Jr.
1946—M. J. Fitzsimmons
1947—Nelson G. Diener
1948—Howard L. Gordy
1949—William E. Waples
1950—Manuel B. Wagner
1951—Arthur C. Harbaugh
1952—Lester R. Martin
1953—Hyman Davidov
1954—Frank J. Macek
1955—George J. Schmidt
1956—Frank Block
1957—Gordon A. Mouat
1958—Harold M. Goldfeder
1959—Norman J. Levin
1960—Victor H. Morgenroth, Jr.
1961—William A. Cooley
1962—Solomon Weiner
1963—Alexander J. Ogrinz, Jr.
1964—Morris R. Yaffe
1965—Milton A. Friedman
1966—Stephen J. Provenza

Third Vice-Presidents

- 1883—Hugh Duffy
1884—Levin D. Collier
1885—T. W. Smith
1886—J. Walter Hodges
1887—Henry A. Elliott
1888—John Briscoe, M. D.
1889—E. M. Foreman
1890—J. F. Hancock
1891—J. E. Henry
1892—C. B. Henkel, M. D.
1894—George E. Pearce
1895—J. W. Smith
1896—Thomas H. Jenkins
1897—A. Eugene DeReeves
1898—C. C. Ward, M. D.
1899—C. H. Michael
1900—W. E. Brown
1901—O. G. Schuman
1902—W. R. Jester
1903—Henry Howard
1904—Wm. D. Campbell
1905—W. S. Carson, M. D.
1906—A. J. Keating
1907—J. D. Stotlemeyer
1908—H. R. Rudy
1909—E. Riall White
1910—J. P. Keating
1911—W. M. Carson, M. D.
1912—John G. McIndoe
1913—W. H. Clarke
- 1914—E. W. Hodson
1915—C. K. Stotlemeyer
1916—John I. Kelly
1917—G. E. Pearce
1918—R. E. L. Williamson
1919—J. W. Dorman
1920-21—W. K. Edwards
1922—H. A. B. Dunning
1923—J. H. Farlow
1924—A. C. Lewis
1925—A. N. Hewing
1926—G. W. Colborn, Jr.
1927—L. S. Williams
1928—Wm. B. Spire
1929—L. M. Kantner
1930—L. V. Johnson
1931—A. F. Ludwig
1932—Chas. D. Routzahn
1933—Melville Strasburger
1934—A. A. M. Dewing
1935—A. N. Hewing
1936-1937—Lloyd N. Richardson
1938—T. E. Ragland
1939—Elmer W. Sterling
1940—Frank L. Black
1941—Ralph C. Dudrow
1942—Harry S. Harrison
1943—Frederick B. Eason
1944—Charles S. Austin, Jr.
1945—Milton J. Fitzsimmons

Third Vice-Presidents (Continued)

1946—Nelson G. Diener	1957—Harold M. Goldfeder
1947—Howard L. Gordy	1958—Norman J. Levin
1948—William E. Waples	1959—Victor H. Morgenroth, Jr.
1949—Manuel B. Wagner	1960—William A. Cooley
1950—Arthur C. Harbaugh	1961—Solomon Werner
1951—Otto W. Muehlhause	1962—Alexander J. Ogrinz, Jr.
1952—Hyman Davidov	1963—Morris R. Yaffee
1953—Frank J. Macek	1964—Milton A. Friedman
1954—George M. Schmidt	1965—Stephen J. Provenza
1955—Frank Block	1966—Samuel Wertheimer
1956—Gordon A. Mouat	

Fourth Vice-Presidents

1960—Solomon Weiner	1964—Stephen J. Provenza
1961—Alexander J. Ogrinz, Jr.	1965—Samuel Wertheimer
1962—Morris R. Yaffee	1966—I. Earl Kerpleman
1963—Milton A. Friedman	

President-Elect

1967—Samuel Wertheimer	1968—I. Earl Kerpleman
------------------------	------------------------

Vice Presidents

1967—Irving I. Cohen	1968—Sidney L. Burgee, Jr.
I. Earl Kerpleman	Jerome Mask
Stephen J. Provenza	Melvin J. Sollod

Secretaries

1883—John W. Geiger	1903—Louis Schulze
1884-88—M. L. Byers	1904—Owen C. Smith
1889-94—John W. Geiger	1905—Louis Schulze
1895—J. F. Hancock	1906—Owen C. Smith
1896—Henry Maisch	1907-1942—E. F. Kelly
1897-99—Charles H. Ware	1942-52—Melville Strasburger
1900—Louis Schulze	1953-61—Joseph Cohen
1901-02—Owen C. Smith	1961-68—Nathan I. Gruz

Treasurers

1883-85—E. Walton Russel	1907-13—J. W. Westcott
1886-94—Samuel Mansfield	1914-23—S. Y. Harris
1895—Henry B. Gilpin	1924-29—G. P. Hetz
1896-98—D. M. R. Culbreth	1930-1936—Harry S. Harrison
1899-1900—W. M. Fouch	1937-1953—J. F. Wannenwetsch
1901—J. R. Beck	1954-55—Gordon A. Mouat
1902-05—H. R. Rudy	1955-63—John F. Wannenwetsch
1906—G. C. Wisotzki	1963-68—Morris Lindenbaum

Editors

1925-1939—Robert L. Swain	1953-61—Joseph Cohen
1939-1952—Melville Strasburger	1961-68—Nathan I. Gruz

Assistant Editor

1968—Paul Reznek

Maryland Pharmaceutical Association

Roll of Members-1968

Code for Categories of Membership

Active—Names not followed by a numeral

Affiliate—Names followed by numeral 1

Associate—Names followed by numeral 2

Special Active—Names followed by numeral 3

Honorary—Names followed by numeral 4

* Deceased

(The following addresses are in Baltimore with Zip Code following Street, unless otherwise designated).

Aarons, Hillel R.	3341 Ripple Road—21207
Abarbanel, Morton	8708 Liberty Plaza Mall, Randallstown—21133
Abramowitz, Robert N.	5712 Ranny Road—21209
Albrecht, Walter E. 2	310 Maple Road, Linthicum Heights—21090
Alessi, Alfred Henry	3532 Northern Parkway—21206
Allen, Benjamin F.	4416 Hillside Avenue—21229
Allen, C. Murray	243 Virginia Avenue, Cumberland—21501
Allen, Charles R. 2	P.O. Box 3216, Richmond, Virginia—23235
Allen, James E. 1	P.O. Box 2154, Washington—20003
Alpern, Elwin H.	1504 15th Street, Odenton—21113
Amernick, Harmond H.	8200 Brattle Road—21207
Anderson, D. R.	4829 Oxen Run Drive, Oxen Run Hills—20031
Angster, Jerome	2244 Annapolis Road—21230
Ansell, Max S.	3918 Labyrinth Road—21215
Applestein, Frank	3101 Labyrinth Road—21208
Aronson, Donald	50 State Circle, Annapolis—21400
Atlas, Roy R.	11354 Cherry Hill Road, Beltsville—20705
August, Henry J. Sr.	102 Summit Avenue, Thurmont—21788
Austin, Mrs. Dorothy B. 2	205 Ridgemedede Road—21210
Ayd, John J.	6651 Belair Road—21206
Babst, Edward R.	5707 Mahoney Drive, Carrollton—21025
Baer, Adolph	1929 Virginia Avenue, Hagerstown—21740
Bailey, Halcolm S.	8th St. and Philadelphia Avenue, Ocean City—21842
Baker, Harley E.	4020 Aspen Hill Road, Wheaton—20906
Balassone, Francis S.	4323 Glenmore Avenue—21206
Balcerak, Eugene P.	5802 Cedonia Avenue—21206
Baltimore, Stuart L. Jr. 2	7800 York Road—21203
Bambrick, Vincent C.	638 Race Street, Cambridge—21613
Banks, David E.	3507 Foxcliff Court, Randallstown—21133
Barnes, Attison L. Jr.	Connolly Point, Trappe—21673
Barrie, Louis C.	256 Belview Avenue, Hagerstown—21740
Barshack, Jack	Belvedere Towers Apt., 1190 Northern Pkwy.—21210
Bass, Harry	3400 Redman Road—21207
Batie, A. Lester	321 Prince Georges Street, Laurel—20810
Batt, William H.	814 Argonne Drive—21218
Baylis, Richard D.	1601 Farnborn Street, Crofton—21113
Becker, Charles 2	Apt. 29 24 Oaklee Village—21229
Beitler, Ben	423 Patapsco Avenue—21225
Beitler, Leonard	4300 Ritchie Highway—21225
Belford, Joseph	3312 Bonnie Road—21208
Bell, D. W. Jr.	927 "H" Street, N.W., Washington, D.C.—20001
Bellman, Frank A.	2004 E. 31st Street—21218
Bennett, Charles W. Jr.	809 Camden Avenue, Salisbury—21801
Berger, Alan B.	9240 Spring Hill Lane, Greenbelt—20770
Berger, Charles J. Jr.	1013 Jamieson Road, Lutherville—21093
Bergeron, Paul R. II	7135 Wisconsin Avenue, Bethesda—20014
Bergstein, Robert S.	9012 Branch Avenue, Clinton—20735
Berlin, Alvin	14314 Chesterfield Road, Rockville—20853
Berlin, Julius 2	2425 Clyburn Avenue, Apt. A—21215
Berman, Abraham S.	4512 Erdman Avenue—21213

Berman, Mitchell	6828 Fox Meadow Road—21207
Berry, Robert A.	6200 Annapolis Road, Hyattsville—20784
Berry, Robert E.	5552 Kenilworth Avenue, Riverdale—20840
Beyer, Robert E.	124 Massachusetts Avenue, Cumberland—21501
Bianculi, Thomas J.	4805 Marlboro Pike, Coral Hills—20027
Bindok, Edward J. 2	3307 Grenton Avenue—21214
Bishop, Davis N.	726 Overbrook Road—21212
Blake, Andrew B.	10233 Old Georgetown Road, Bethesda—20014
Blaustein, Arnold L.	3604 W. Rogers Avenue—21215
Block, Frank	1524 Cypress Street—21226
Block, Jerome	3433 Ripple Road—21207
Block, Lawrence Y.	3720 Offutt Road, Randallstown—21133
Block, Samuel G. 3	6414 Park Heights Avenue—21215
Bloom, Herman J. 1	2706 Geartner Road—21209
Blumson, Samuel S.	800 E. Baltimore Street—21202
Boellner, O. Karl Jr.	2137 Suburban Greens Drive, Timonium—21093
Bonanno, Placido A.	1603 E. Montgomery Avenue, Rockville—20852
Bookoff, Morris	820 Dulaney Valley Road—21204
Borcherding, W. H.	660 Americana Drive, Annapolis—21403
Bortnick, Morris H.	4200 Dunnel Lane, Kensington—20795
Bourne, Benjamin P.	809 Viers Mill Road, Rockville—20850
Bowen, Curtis A.	238 N. Market Street, Frederick—21701
Bozman, Kenneth B.	1 North Main Street, Berlin—21811
Braden, A. Wayne	8917 Woodland Drive, Silver Spring—20900
Brager, Maurice B. 1	408 S. Hanover Street—21201
Brashears, Charles F.	55 Bishop Street, Westminster—21157
Breslin, Frederick W.	P.O. Box 85, Leonardtown—20650
Brill, Phyllis W.	2302 Sulgrave Avenue—21209
Bringsberg, John G.	66 Dungarrie Road—21228
Brinsfield, J. R.	Center Square, Rising Sun—21911
Brodie, Stanley A.	6606 Marott Drive—21207
Brodsky, Emmanuel M. 3	6510 Eberle Drive—21215
Brodt, Dan P. 1	546 N. Frederick Avenue, Gaithersburg—20760
Caplan, Carl C.	7111 Park Heights Avenue—21215
Carls, Mark D. 2	201 Roth Well Drive, Lutherville—21093
Carmel, Joseph	130 Slade Avenue, Apt. 619—21208
Carney, William F.	16501 Henry Drive, Gaithersburg—20760
Carter, David C. 2	1011 W. Butler Street, Philadelphia, Pa.—19140
Carter, Paul M.	Main Street, Emmitsburg—21727
Cermak, Jerome J.	3500 Pelham Avenue—21213
Chalet, Melvin	1812 Metzert Road, Apt. 17, Adelphi—20780
Chandler, N. W.	7037 Defense Highway, Landover Hills—20784
Chatkin, Robert H.	401 Summit Avenue, Hagerstown—21740
Chatkin, William C.	901 Rolling Road, Hagerstown—21740
Cherricks, Robert V.	107 W. Green Street, Snow Hill—21863
Cheslow, Nathan L.	110 Patapsco Avenue—21225
Chilcoat, George O.	3824 Donnell Drive, Forestville—20028
Clark, Frank B.	Ellerslie—21529
Clinksale, Harold W.	1409 34th Street S.E., Washington, D.C.—20020
Coakley, A. J.	7300 Washington-Baltimore Blvd., College Park—20740
Cohen, Benjamin	48 B. Wyndmoore Place—21207
Cohen, Gerald I.	Woodland Road, Lutherville—21093
Cohen, Harry C.	7402 Prince George Road—21208
Cohen, Hershel	3900 Brookhill Road—21215
Cohen, Irving I.	5511 Oregon Avenue, Arbutus—21227
Cohen, Joseph L.	8500 New Hampshire Avenue, Silver Spring—20903
Cohen, Nathan 3	5830 Jonquil Avenue—21215
Cohen, Samuel	1645 E. Baltimore Street—21231
Cohen, Samuel C.	3442 Lynne Haven Drive—21207
Cole, B. Olive 4	3800 Beech Avenue—21211
Coleberg, Carl L.	Main Street, Preston—21655
Colvin, Ralph M. 2	204 E. Biddle Street—21202
Connolly, Mary W.	1012 Old North Point Road—21222
Connor, William J.	Commerce and Railroad Avenues, Centerville—21617
Cooley, William A.	1107 Hollins Street, Cumberland—21502

Coombs, W. Dick 3.....	1710 Sanford Road, Silver Spring—20900
Cooper, Harold L.....	4810 Bowley's Lane—21206
Cooper, Morris L.....	6225 Berkeley Avenue—21209
Cotter, Charles J. 3.....	603 Coleraine Road—21229
Courpas, Anthony L.....	3028 Glenmore Avenue—21214
Cragg, James P. Jr.....	1126 Harwall Road—21207
Crane, Richard R.....	6007 Eurith Avenue—21206
Crozier, John A. 1.....	901 Curtain Avenue—21218
Dagold, Donald J.....	4204 Bedford Road—21208
Dalinsky, Harry A.....	3018 Arizona Avenue, N.W., Washington, D.C.—20016
Damazo, Herbert S.....	Rt. No. 2, Frederick—21701
Danoff, Abe.....	1645 E. Baltimore Street—21231
David, Alfonso S.....	518 S. Aurora Street, Easton—21601
Davidov, Hyman 3.....	7241 Park Heights Avenue—21208
Davidson, Saul D.....	3124 Greenmead Road—21207
Davis, James C. 1.....	119 S. Howard Street—21201
Deans, John 3.....	518 S. Somerset Avenue, Princess Anne—21853
Dechter, Gerald Y.....	802 Gregorio Drive—20900
Deckelbaum, Max 2.....	6506 Baythorn Road—21209
Deems, John T.....	5 Lake Drive, Bel Air—21014
Deist, Freeman P.....	307 E. Main Street, Frostburg—21532
Dembeck, Bernard J. Jr.....	c/c Baltimore Biological Lab., Division of B-D Labs., Inc. P.O. Box 6711—21204
Dichter, Jack C.....	11215 New Hampshire Avenue, Silver Spring—20904
Dickman, Arnold L.....	3312 Marnat Road, Pikesville—21208
Diener, Nelson G. 4 *.....	14 W. Cold Spring Lane—21210
DiPaula, Vincent R.....	1827 Glen Ridge Road—21234
Donaldson, John E. 3.....	1020 Nora Drive, Silver Spring—20904
Dorfman, Joseph S.....	9039 Sligo Creek Parkway, Silver Spring—20901
Dorsch, Joseph U.....	728 Crestleigh Road, Ellicott City—21042
Dougherty, John H., Jr.....	370 Main Street, Laurel—20810
Drapkin, Leon I.....	8706 Flower Avenue, Silver Spring—20900
Dunbar, Ruth 2.....	P.O. Box 52, Versailles, Kentucky—40383
Dunning, Charles A. 1.....	1030 North Charles Street—21201
Dunning, H.A.B., Jr. 1.....	1030 North Charles Street—21201
Dunning, Dr. J. H. Fitzgerald 1.....	1030 North Charles Street—21201
Easton, James O.....	10113 New Hampshire Avenue, Silver Spring—20903
Eckhardt, Henry 3*.....	301 Maryland Road—21229
Edelen, James 2.....	5515 Frederick Avenue—21229
Edell, Marvin L.....	524 N. Gay Street—21202
Edwards, James D.....	102 Commerce Street, Centerville—21617
Edwards, Paul H.....	9420 Lanham-Severn Road, Seabrook—20801
Eisentrout, Harry G., Jr.....	Apt. D-1, Bel Air Apts., Cumberland—21501
Elliott Donald B.....	211 Main Street, New Windsor—21776
Elliott, W. Robert.....	316 Glenn Ave., Salisbury—21801
Elsberg, Milton L.....	The Shoreham Hotel, Washington—20008
Engberg, John J.....	Main and Lake Streets, Salisbury—21801
Englander, Clinton W.....	205 E. Alder Street, Oakland—21550
Epstein, Irwin B.....	5624 Northgreen Road—21207
Epstein, Yale 2.....	3215 Nerak Road—21208
Eshleman, Joseph M.....	100-108 Baltimore Street, Cumberland—21502
Eskow, Dr. A. Bernard 2.....	2810 W. Saratoga Street—21223
Estrin, David I. 1.....	P.O. Box 2703, Washington—20013
Etzler, Edward A.....	12359 Georgia Avenue, Wheaton—20907
Evald, Gunnar N. G.....	8859 Branch Avenue, Clinton—20735
Eybs, Earl F.....	29 Bloomsbury Avenue, Catonsville—21228
Fahrney, Frederick W.....	1 W. Washington Street, Hagerstown—21740
Fainberg, Edward.....	7542 Belair Road—21236
Fauss, Albert L., Jr.....	39 W. Main Street, Hancock—21750
Fearer, William H.....	Rt. 4 Box 335, Cape St. Claire, Annapolis—21407
Fedder, Donald O.....	201 Wise Avenue, Dundalk—21222
Feinstein, Bernard S.....	8024 14th Avenue, Hyattsville—20780
Feldman, Charles W.....	6500 Greenspring Avenue—21209
Feldman, Morris.....	130 Slade Avenue—21208

Fine, Jerome L.	8807 Allenswood Road, Randallstown	21133
Fischer, Isadore M., Jr.	11 Slade Avenue, Apt. 609, Pikesville	21208
Fisher, Philip E.	Rt. No. 2, Box 76, Berlin	21811
Foley, William T., Jr.	1 Franklin Street, Aberdeen	21034
Folus, Irving H.	11010 Wheeler Drive, Silver Spring	20901
Foster, Carroll P.	6327 Belair Road	21206
Freed, Irving	930 Whitelock Street	21217
Freed, Mayer N.	6044 Central Avenue, Capitol Heights	20027
Freedenberg, Marvin	833 Fair Oak Avenue, Hyattsville	20783
Freiman, Joseph	4017 Barrington Road	21207
Freiman, Paul	7405 Monita Road	21208
Friedlander, Paul M.	3305 Northmont Road	21207
Friedman, Aaron J.	706 Sturgis Place	21208
Friedman, Albert	1003 S. Sharp Street	21230
Friedman, Gilbert I.	2029 Edmondson Avenue	21228
Friedman, Irvin	3500 Arborwood Court	21208
Friedman, Milton A.	12 Oak Hollow Road	21208
Friedman, Nathan	3501 Arborwood Court	21208
Friedman, Nathan J.	701 N. Gay Street	21202
Frieman, Jack I.	4936 Park Heights Avenue	21215
Futeral, Nathaniel	2441 Reisterstown Road	21217
Gadol, Ellis	10128 Colesville Road, Silver Spring	20900
Gaine, Jerome	6 Suitland Court	21208
Gakenheimer, Albert C.	606 Providence Road	21204
Gakenheimer, Herbert E.	2125 Fernglan Way	21228
Galperin, Irving O.	3301 Clarks Lane	21215
Gaver, Paul G.	5105 Sekots Road	21207
Gaver, Paul Jr.	5105 Sekots Road	21207
Gellman, Murry	9240 Springhill Lane, Greenbelt	20770
Gelmini, Deno G.	7534 Annapolis Road, Hyattsville	20784
Gelrud, Jack	6 Coral Drive, North, Lexington Park	20653
Genderson, Harry B.	5356 Gist Avenue	21215
Gerber, Myron	7536 Hampden Lane, Bethesda	20014
Ginsberg, Samuel H.	3106 Oakfield Avenue	21216
Gittleson, Ralph L.	1914 Belview Blvd., Alexandria, Va.	22307
Glaeser, Henry J., Jr.	Hilltop Drive, Manchester	21102
Glaser, Abraham E.	7619 - H Hillendale Road	21234
Glaser, Louis L.	100 Purvis Place, Pikesville	21208
Glass, Larry P.	12109 Forestvale Drive, Rockville	20853
Glassband, Herman	3701 Falls Road	21211
Glick, Harry	1535 Park Avenue	21217
Glick, Henry J.	120 N. Smallwood Street, Cumberland	21501
Gluckstern, Wilfred H.	820 Dulaney Valley Road	21204
Goldberg, Marvin	8521 Glen Michael Lane, Apt. 2, Randallstown	21133
Goldberg, Milton	8205 Nina Court, Pikesville	21208
Goldfeder, Harold M.	6100 Rhode Island Avenue, Riverdale	20840
Goldsmith, Robert	3138 Westover Drive, S.E., Washington, D.C.	20020
Goldstein, Herbert 1.	110 S. Paca Street	21201
Goldstein, Jack	7327 Landover Road, Hyattsville	20785
Goldstein, Sam A.	1100 N. Calhoun Street	21217
Goodman, Irvin	55 E. Main Street, Westminster	21157
Goodman, Leon	6310 Ivymount Road	21209
Gordy, Howard L.	213 E. Main Street, Salisbury	21801
Goriup, Othmar F.	10141 Colesville Road, Silver Spring	20901
Gould, Clarendon L.	201 Somerset Avenue, Cambridge	21613
Grabush, Arnold F.	2525 W. Belvedere Avenue	21215
Greenberg, Harry	5451 Belair Road	21206
Greenberg, Joseph	3010 Lightfoot Drive	21209
Greenberg, Leon	801 Crain Highway, S.E., Glen Burnie	21061
Greenberg, Morton	50 Old Annapolis Road, Severna Park	21146
Greenberg, Richard E.	3405 Belair Road	21213
Greenberg, Solomon W.	6315 29th Place N.W., Washington, D.C.	20015
Greenfeld, David D.	5201 Windsor Mill Road	21207
Greenfeld, Jacob H.	6301 Shelrick Drive	21209
Gregg, Ernest J. Jr.	115 S. Third Street, Oakland	21550

Gresser, Isador H.....	5833 Gwynn Oak Avenue—21207
Grossblatt, Norton J.....	6800 Liberty Road—21207
Grothaus, D. Benton Jr. 2.....	520 Sunkirk Road—21212
Gruz, Nathan I.....	5817 Merville Avenue—21215
Hahn, William A.....	99 Paulskirk Drive, Ellicott City—21043
Hanks, Carleton W., Jr.....	221 Maryland Avenue, Cumberland—21501
Hann, Jon T.....	Braddock Apartments, Frostburg—21532
Harman, Richard T.....	5606 Main Street, Elkridge—21227
Harrison, Boris M. 2.....	2810 W. Saratoga Street—21223
Harrison, Gordon M.....	149 Market Street, Pocomoke City—21851
Haskell, Miss Marian L.....	1712 Kurtz Avenue, Lutherville—21093
Hayman, Albin A.....	415 Forest Lane, Salisbury—21801
Hayman, Thomas J.....	532 G. Alabama Avenue, Salisbury—21801
Hayward, Robert R.....	7939 New Hampshire Avenue, Langley Park—20783
Heer, Melvin L.....	805 Starbit Court—21204
Heer, Wilmer J.....	1504 E. 33rd Street—21218
Heilman, Gerald J.....	1615 Cottage Lane—21204
Hendelberg, I. J.....	4637 York Road—21212
Henderson, Marvin W.....	9902 Gunforge Road, Perry Hall—21128
Henderson, Robert W.....	5 Weyburn Court—21206
Hertz, Selig S.....	7448 Ricksway Road—21208
Hesson, Charles E.....	7824 Kavanaugh Road—21222
Heyman, Bernard P.....	3710 Brownsbrook Court, Randallstown—21133
Highkin, Manuel K.....	1401 Edmondson Avenue—21223
Hill, William C.....	30 E. Dover Street, Easton—21601
Hilliard, M. Evans.....	4943 Belair Road—21206
Hillman, Albert.....	16 Bristol Drive, Annapolis—21401
Hillman, E. C. Jr.....	5101 S. 10th Street, Arlington, Va.—22204
Hillman, Milton L.....	19 Tulagi Place, Lexington Park—20653
Hirsch, Peter.....	1713 Edmondson Avenue—21228
Herz, Bernard B.....	8627 Colesville Road, Silver Spring—20910
Hoffman, Sylvan A.....	2658 Huntingdon Avenue—21211
Holmes, Harold G.....	3418 Alto Road—21216
Holthaus, Robert W.....	604 S. Hammonds Ferry Road, Linthicum Heights—21090
Holtschneider, Douglas W.....	3301 Eastern Avenue—21220
Hopkins, Carville B.....	355 Dewey Drive, Annapolis—21401
Horne, Peyton N.....	Rt. No. 4, Box 96 A, Easton—21601
Hornsby, W. P.....	8613 Madison Place, Washington, D.C.—20022
Horwitz, Isadore.....	3714 Bancroft Road—21215
Hospodous, Steven.....	501 W. Centre Street, Cumberland—21502
Hotham, Harland.....	Peoples Drug Store, 7423 Annapolis Road, West Lanham—20784
Hoy, R. Gordon.....	3600 Wainfleet Drive, Box 3006, Richmond, Va.—23235
Hunter, Calvin L.....	3 Center Place—21222
Hutchinson, William J.....	2412 Ellis Road—21234
Inglisa, Domenic R. 2.....	2520 Hillford Drive—21234
Israelson, Rubin H. 1.....	2301 Hollins Street—21223
Jackson, Clifford P. 2.....	115 N. Parke Street, Aberdeen—21001
Jackson, William B., Jr.....	Rt. No. 29 & Donleigh Drive Simpsonville—21150
Jacobs, George 2.....	3516 Maryvale Road—21207
Jacobson Lawrence I.....	1118 Chriswell Lane, Silver Spring—20901
Jankiewicz, Alfred M.....	3110 Moreland Avenue—21234
Japko, Albert M.....	2801 Laurelwood Court—21209
Jaslow, Marvin B.....	8713 Allenswood Road, Randallstown—21133
Jeppi, Samuel P.....	200 Witherspoon Road—21212
Johnson, Clyde G.....	Somerset Ave. & Prince Williams Street, Princess Anne—21853
Johnson, James E.....	1801 Chelsea Road—21216
Jones, John H.....	4701 Silver Hill, Suitland—20023
Jones, W. Brown.....	P.O. Box 521, Willow Street, St. Michaels—21663
Jordan, Joseph J.....	Market Street, Denton—21629
Jules, Bernard C.....	3420 Woodvalley Drive—21208
Kabik, Robert J.....	3805 Cherrybrook Road, Randallstown—21133
Kahanowitz, Milton.....	3110 Bancroft Road—21215
Kalb, Francis P.....	4813 Walther Avenue—21214

Kamanitz, Irvin L.....	100 West Main Street, Salisbury—	21801
Kamenetz, Irvin.....	6913 Bel Air Road, Overlea—	21206
Kaminski, Felix H.....	3138 O'Donnell Street—	21224
Kantner, Leahmer M. 4.....	2016 Park Avenue—	21217
Kantorow, Gerald S.....	14517 Barkwood Drive, Rockville—	20853
Kantorski, Robert R.....	12 Dowling Circle—	21234
Karn, Philip R., Sr.....	230 Division Avenue, Lutherville—	21093
Karpa, Mrs. Isadore 2.....	2907 Fallstaff Road—	21209
Karr, William S.....	9515 Harford Road—	21214
Katz, Albert.....	2417 Taney Road—	21209
Katz, Gabriel E.....	10001 Rhode Island Avenue, College Park—	20740
Kavanaugh, Minor J.....	147 Market Street, Pocomoke City—	21851
Kaye, Myles C.....	6609 Riverdale Road, Riverdale—	20840
Keach, Robert P.....	600 Virginia Avenue, Cumberland—	21501
Kellough, Elmer R., Jr.....	501 Decatur Street, Cumberland—	21501
Kelly, Charles W.....	801 Maryland Avenue, Cambridge—	21613
Kelly Robert J.....	361 Glebe Road, Easton—	21601
Kenney, Fern E.....	953 Winifred Road, Cumberland—	21501
Kerpelman, I. Earl.....	722 S. Salisbury Boulevard, Salisbury—	21801
King Donald G.....	5508 Seward Avenue—	21206
Kirson, Abraham.....	8201 Stevenson Road—	21208
Kirson, Jerome.....	743 North Central Avenue—	21202
Kirson, Walter.....	3313 Midfield Road—	21208
Kitchin, William Y.....	60 West Street, Annapolis—	21400
Klavens, Sidney R.....	1117 Light Street—	21230
Klein, S. Jay 3.....	Royal Palm Hotel, 1545 Collins Ave., Miami Beach, Florida—	33139
Kline, Bernard B.....	8309 Grubb Road, Silver Spring—	20900
Kling, Herman M.....	2245 E. Fayette Street—	21231
Klingel, Mrs. R. M. 1.....	101 Cheapside Street—	21202
Klotzman, Alfred.....	1041 Edmondson Avenue—	21223
Klotzman, Robert H. Lt. Col. USAF 2.....	2816 6th Ave., So., Great Falls, Mont.—	59401
Koch, Ervin M.....	18016 Mill Creek Drive, Derwood—	20855
Koons, George S. 2.....	25 N. Conococheague Street, Williamsport—	21795
Koplin, Arthur.....	1008 E. Lombard Street—	21202
Kouzel, Samuel I.....	6573 Ager Road, Hyattsville—	20782
Kramer, Jack L. 2.....	1220 E. West Highway, Apt. 916, Silver Spring—	20910
Kramer, Leonard H.....	442 E. North Avenue—	21202
Kramer, Morris 2.....	1801 W. Lexington Street—	21223
Kramer, Samuel E.....	2702 Hanson Avenue—	21209
Krantz, John C. Jr. 3.....	Box No. 84, Gibson Island—	21056
Kraus, L. H. Jr.....	400 South Division Street, Salisbury—	21801
Krieger, Max A.....	7900 Harford Road—	21234
Kronsberg, Ronald H.....	3704 Fieldstone Road, Randallstown—	21133
Kroopnick, Godfrey D.....	930 Whitelock Street—	21217
Krucoff, Maxwell A.....	1300 N. Fremont Avenue—	21217
Krusniewski, B. A. 3.....	2908 Scherer Avenue—	21234
Kurlansky, Abe 2.....	Box No. 661, Silver Spring—	20901
Kursvietis, Anthony J.....	4904 Crowson Avenue—	21212
Lachman, Bernard B.....	5024 Park Heights Ave.—	21215
Lachman, Marvin M.....	118 Chartley Blvd., Reisterstown—	21136
Lamb, Lewis J.....	1290 East-West Highway, Silver Spring—	20910
Lamy, Peter P. 2.....	636 W. Lombard Street—	21201
Lane, Lester S. 2.....	2535 Pennsylvania Ave., Washington, D.C.—	20037
LaRochelle, Richard.....	3107 Good Hope Ave., Hillcrest Heights—	20031
Latona, Salvatore J.....	4006 34th St., Mt. Rainier—	20822
Lauer, Steven S.....	317 Oaklee Village—	21229
Lawlor, Henry William.....	Charles Theatre Bldg., LaPlata—	20646
Lawson, Alfred M.....	3415 Hamilton St., Hyattsville—	20780
Layden, William.....	2140 W. Baltimore Street—	21223
Lazarus, Leon J.....	401 Eastern Avenue—	21221
Lebson, David.....	4605 Edmondson Avenue—	21229
Lebson, Hyman.....	4605 Edmondson Avenue—	21229
Lee, Carroll B.....	2905 Gwynns Falls Parkway—	21216
Legg, Phillip H.....	4819 Indian Head Road, Washington, D.C.—	20021
Leise, David.....	110 Hamilton Avenue, Silver Spring—	20900

Lemler, Abraham A.....	1801 W. Lexington Street—	21223
Lerner, Joseph H.....	3016-C Romaric Court—	21209
Levay, Frank F.....	Fort & Riverside Avenues—	21230
Levenson, Julius V.....	107 S. Broadway Street—	21231
Levi, Henry M.....	2501 Glen Allen Avenue, Silver Spring—	20906
Levin, Arthur I.....	101 N. Washington Street, Havre de Grace—	21078
Levin, Barry S.....	2101 Garrison Blvd.—	21216
Levin, Benjamin.....	6300 Eastern Avenue—	21224
Levin, Bernard.....	601 N. Carey Street—	21217
Levin, Bernard.....	910 Leeds Avenue—	21229
Levin, David G.....	3726 Cedar Drive—	21207
Levin, Jack B.....	6025 Liberty Road—	21207
Levin, Harold P.....	537 E. 41st Street—	21218
Levin, Morris.....	1612 Kelly Avenue—	21209
Levin, Dr. Nathan.....	6114-A Green Meadow Parkway—	21209
Levin, Norman.....	910 Leeds Avenue—	21229
Levin, Norman J.....	1401 Reisterstown Road—	21208
Levin, Philip 1.....	1100 N. Chester Street—	21213
Levin, Theodore.....	6108 Stuart Avenue—	21209
Levine, David A.....	8000 Woodgate Court—	21207
Levine, Jay E.....	2211 Fairfax Road, Hagerstown—	21740
Levinson, Henry.....	721 Poplar Grove Street—	21216
Levitis, Louis.....	11401 Georgia Avenue, Silver Spring—	20900
Levy, Donald.....	711 Old North Point Road—	21222
Levy, Melvin.....	8301 Harford Road—	21214
Lewis, F. Harold 3.....	3623 Seven Mile Lane—	21208
Libowitz, Aaron M.....	4901 Belair Road—	21206
Lichtman, Albert.....	7155 Holabird Avenue—	21222
Lichtman, Harry S.....	2805 Old North Point Road—	21222
Lieb, Frank J.....	1600 S. Charles Street—	21230
Lindeman, Philip D.....	1 N. Main Street, Berlin—	21811
Lindenbaum, Albert.....	101 St. Helena Avenue—	21222
Lindenbaum, Louis.....	515 Camp Meade Road, Linthicum—	21090
Lindenbaum, Morris.....	5 Main Street, Reisterstown—	21136
Lipskey, Dr. Joseph 3.....	Odenton—	21113
Litvin, Sidney B.....	6821 Parsons Avenue—	21207
Lohmeyer, Lloyd W.....	390 W. Main Street, Crisfield—	21817
London, Samuel 3.....	3500 Anton Farms Road—	21208
Loud, Herbert G. 2.....	607 D. Cransbrook Road, Cockeysville—	21030
Lubman, Ronald A.....	801 W. 36th Street—	21211
Luley, Charles E.....	4670 Suitland Road, Suitland—	20023
Lykos, Nicholas C.....	2101 York Road, Timonium—	21093
Lyon, G. Stanley.....	328 St. John Street, Havre de Grace—	21078
McCabe, Stanley B.....	804 St. Louis Avenue, Ocean City—	21842
McCagh, Frank L.....	101 N. Centre Street, Cumberland—	21502
McComas, J. Ross 3.....	21 Charles Lane—	21204
McDougall, Bernard C.....	30 Main Street, Sykesville—	21784
McGinity, F. Rowland.....	3039 Eastern Avenue—	21224
McHugh, John R.....	60 Florida Avenue, N.E. Washington, D.C.—	20002
McKenny, Henry J.....	4420 New Joppa Road—	21206
McKirgan, John J.....	1906 Carmody Drive Silver Spring—	20902
McMichael, James E.....	911 Michigan Avenue, Cumberland—	21502
Mace, Richard M. 1.....	8720 Georgia Avenue, Silver Spring—	20910
Mackay, Walter P.....	285 E. Main Street, Frostburg—	21532
Macks, Ben H.....	Box 481, Rt. No. 15—	21220
Maczis, William J.....	4405 Hooper Avenue—	21229
Magiros, John G.....	8 S. Rogers Avenue, Ellicott City—	21043
Mallinder, Bernard G.....	12209 Viers Mill Road, Wheaton—	20906
Manheimer, Raymond B.....	2502 Eutaw Place—	21217
Marcus, Michael.....	2021 W. Pratt Street—	21223
Marek, Anton C.....	701 N. Lakewood Avenue—	21205
Marinelli, Carroll P.....	2444 E. Biddle Street—	21213
Markley, Edward B.....	8201 Melody Lane—	21208
Martin, Richard E.....	610 Philadelphia Avenue, Ocean City—	21842
Martin, Robert J.....	Rt. No. 1 Lucas Heights, LaVale—	21502

Maschas, C. Gus.....	7819 W. Collingham Drive—	21222
Mask, Jerome.....	2701 Old North Point Road—	21222
Mastrian, James P.....	5601 Sargent Road, Hyattsville—	20782
Mayer, Alexander M.....	1800 N. Charles Street—	21201
Means, Jacquelyn L.....	6001 Cherrywood Court, Greenbelt—	20770
Mears, Chase K.....	1653 Burnwood Road—	21212
Meeth, John T.....	3255 Frederick Avenue—	21229
Mendelsohn, Israel 2.....	4128 Hayward Avenue—	21215
Mendelsohn, James F.....	4509 Hawksbury Road, Pikesville—	21208
Mendelshon, Max L.....	3635 Woodland Avenue—	21215
Mercer, Robert V.....	911 Pine Avenue, Frederick—	21701
Metz, Richard A.....	5550 Baltimore National Pike—	21228
Meyers, J. S.....	8302 Liberty Road—	21207
Meyers, Macy H.....	Liberty Road, Eldersburg, Sykesville—	21784
Miden, Julian I.....	5145 Park Heights Avenue—	21215
Miller, Alvin B.....	4004 Emmart Avenue—	21215
Miller, Harvey G.....	3807 Clerks Lane—	21215
Miller, Irving W.....	2253 Rogene Drive, Apt. 101—	21209
Miller, Jack W.....	6101 84th Avenue, Hyattsville—	20784
Miller, Reuben.....	210 E. Fairfax Street, Apt. 717, Falls Church, Virginia—	22046
Mintz, Martin Barry.....	6701 Harford Road—	21214
Mirvis, Julius.....	3327 Ingelside Avenue—	21215
Mitchell, James.....	12804 Theresa Drive, Silver Spring—	20904
Moler, Robert K.....	44 W. Potomac Street, Brunswick—	21716
Morgenroth, Hans.....	5516 Gist Avenue—	21215
Morgenroth, Victor H., Jr.....	2408 Stonewall Court—	21228
Morgenstern, William A., Jr.....	6328 Windsor Mill Road—	21207
Morris, Donald H.....	4029 Calverton Blvd., Beltsville—	20785
Morris, Samuel.....	9603 Cottrell Terrace, Silver Spring—	20903
Morton, Joseph H.....	5408 Sinclair Lane—	21206
Mouat, Gordon A.....	3300 Greenmount Avenue—	21218
Murph, Marvin E. 2.....	5 Thompson Avenue, Glyndon—	21071
Murphy, Jerome E. 2.....	914 Argonne Drive—	21218
Murphy, John M.....	38 N. Main Street, Hampstead—	21074
Muth, Edward S., Jr. 1.....	913 Elmridge Avenue—	21229
Myers, Bernard.....	2411 Forest Green Road—	21209
Myers, Charles.....	3406 Manor Hill Road—	21208
Myers, Ellis B.....	3622 Anton Farms Road—	21208
Myers, Lyndon B.....	Main Street, Mt. Airy—	21771
Myers, Morton.....	2611 W. Belvedere Avenue—	21215
Myers, Richard E.....	4429 Forest View Avenue—	21206
Naplachowski, Stanley A.....	1613 Northbourne Road—	21212
Neuburger, Arnold J.....	3620 Bowers Avenue—	21207
Neun, Mrs. Alberta E.....	4800 Roland Avenue—	21210
Neun, Charles J.....	301 E. Baltimore Street—	21202
Neutze, John F.....	433 Kenneth Square—	21212
Newhouse, Stanley R.....	11701 Rosalinda Drive, Potomac—	20854
Newman, Albert M.....	309-311 N. Union Avenue, Havre de Grace—	21078
Newman, David.....	309-311 N. Union Avenue, Havre de Grace—	21078
Newman, Jerome.....	P.O. Box 51, Elkton—	21921
Nitsch, Charles A.....	837 Frederick Avenue—	21228
Nobel, Louis N.....	7460 Wisconsin Avenue, Bethesda—	20014
Noll, Mrs. Violet B. 3.....	5023 Baltimore National Pike—	21229
Norwitz, David L.....	10401 Barrie Avenue, Silver Spring—	20902
Norwitz, Irvin 1.....	3506 Maryvale Road—	21207
Nussbaum, Edward D.....	11818 Charles Road, Silver Spring—	20906
Oed, Marvin L.....	743 S. Conkling Street—	21224
Ogrinz, Alexander J. Jr.....	3300 Greenmount Avenue—	21218
Ohlendorf, Albert V.....	714 Stoneleigh Road—	21212
Oken, Jack.....	702 North Broadway—	21205
Oken, Louis E.....	6701 Harford Road—	21214
Oleszczuk, Melvin J.....	1800 Eastern Avenue—	21231
Owens, Bennie G.....	35 McPherson Road, Annapolis—	21400

Packett, W. Harold.....	8551 Connecticut Avenue, Chevy Chase—20015
Padussis, Anthony G.....	6510 O'Donnell Street—21224
Pannill, William E.....	11308 Farnland Drive, Rockville—20850
Papiermeister, Joseph.....	9865 Main Street, Damascus—20750
Pariser, Joseph.....	4402 Ferndale Avenue—21215
Parker, Richard D.....	914 Venice Drive, Silver Spring—20900
Parker, Wilmer 2.....	902 Russell Street, Salisbury—21801
Parrish, Paul Thomas 1.....	7621 Bellona Avenue—21204
Pats, Sidney.....	823 W. North Avenue—21217
Patterson, Walter J.....	4123 Frederick Avenue—21229
Payne, Thomas M.....	32 N. Washington Street, Easton—21601
Pearlman, David.....	3107 W. North Avenue—21216
Pearlman, William L.....	3107 W. North Avenue—21216
Pensel, E. R., Fred. Shopping Ctr., W. 7th St. at Briggs' Ave., Frederick, Md.,—21701	
Petralia, Anthony J.....	4901 Frankford Avenue—21206
Pfeifer, C. Edward.....	1307 E. 36th Street—21218
Pfeifer, Charles M.....	3619 Yolando Road—21218
Pfeifer, C. Edward, Jr.....	1201 Light Street—21230
Pfrogner, Richard L.....	827 Buckingham Road, Cumberland—21502
Phillips, Emerson C.....	129 Truitt Street, Salisbury—21801
Pickett, John H. Jr.....	6917 Arlington Road, Bethesda—20014
Pinsky, Herman H.....	430 E. Baltimore Street—21202
Pitts, David L.....	Rock Hall—21661
Pisetzner, David L.....	803 Southern Avenue, Washington, D.C.—20032
Plank, John M. 3.....	6211 Massachusetts Avenue, N.W. Washington, D.C.—20016
Plotkin, Richard D.....	8513 Stevenswood Road—21207
Poindexter, James W.....	3816 Liberty Heights Avenue—21215
Pollack, Morton L.....	Greenway Pharmacy, Charles & 34th Streets—21218
Poltilove, Harvey G.....	442 N. Fremont Avenue—21201
Poplunder, Nathan.....	2610 Harford Road—21218
Poppleton, Miller J.....	8559 Georgia Avenue, Silver Spring—20910
Portney, Samuel.....	3404 Labyrinth Road—21215
Posin, Benjamin W.....	1106 LaGrande Road, Silver Spring—20903
Prensky, Bernard M.....	6573 Ager Road, Hyattsville—20780
Price, Chester L.....	8605 Drumwood Road—21204
Protokowicz, Stanley E.....	4430 Kendi Road—21236
Proudfoot, Robert E.....	106 S. Second Street—Oakland—21550
Provenza, Stephen J.....	101 W. Read Street—21201
Pruce, Alfred A.....	5503 S. Bend Road—21209
Pycha, Richard J.....	5568 Cedonia Avenue—21206
Raichlen, Isador.....	4117 Ronis Road—21208
Raichlen, Sam I. 3.....	P.O. Box 5316—21209
Ramos, Oscar R.....	5 Glade Valley Apts., 7 Main Street, Walkersville—21793
Rankin, Alton E.....	21 Wisconsin Circle, Chevy Chase—20015
Rasinsky, Milton.....	30 W. Main Street, Westminster—21157
Raudonis, John A. 3.....	1180 Evergreen Drive, N.E. Atlanta, Georgia—30319
Rayman, Harry M.....	4400 Stamp Road, Washington, D.C.—20031
Reed, J. Ronald.....	31 N. Potomac Street, Hagerstown—21740
Regimenti, Vincent J.....	209 McKeon Road, Severna Park—21146
Reiser, Arnold J.....	2805-07 Old North Point Road—21222
Reznek, Paul.....	13921 Mills Avenue, Silver Spring—20904
Rice, Howard S.....	3217 Shelburne Road—21208
Richardson, David R. 2.....	8 David Lee Court—21228
Richman, Emanuel.....	8825 Allenwood Road, Randallstown—21133
Richmond, Jerome.....	8342 Church Lane—21207
Richmond, Sewell E.....	5500 Park Heights Avenue—21215
Riedel, Walter K.....	700 Hillsboro Drive, Silver Spring—20900
Ritchie, James R.....	575 Thayer Avenue, Silver Spring—20910
Robinson, Lester G.....	2139 Pennsylvania Avenue—21217
Robinson, Zoe C.....	3604 Clifton Avenue—21216
Rochester, Harry L.....	5212 Reisterstown Road—21215
Rochlin, Martin 1.....	1100 N. Chester Street—21213
Rockman, Louis M.—2.....	2 Amlept Ct., Apt. 2 A—21215
Rodowskas, Christopher A. Sr.....	Hickory Point Rd., Rt. No. 7 Box 268 B Pasadena, Md.—21122

Rosen, Donald M.	419 Ritchie Highway, South Glen Burnie—21061
Rosenberg, Leon	10001 Rhode Island Avenue, College Park—20740
Rosenberg, Morris	825 Thurman Avenue, Hyattsville—20783
Rosenberg, Robert	100 Baltimore-Annapolis Blvd., Glen Burnie—21061
Rosenfelt, Albert	417 Waveland Road—21228
Rosenstein, Aaron	3010 Ronaric Court—21209
Rosenstein, Sol	5407 Gist Avenue—21215
Rosenthal, Alvin	5718 Oakshire Road—21209
Rosenthal, Herbert T.	3308 Ludgate Road—21215
Rosenthal, Louis R. 3.	3808 Fordleigh Road—21215
Ross, Joseph T. Jr.	810 Barlowe Road, Palmer Park, Hyattsville—20785
Rossberg, William C.	2526 Washington Blvd.—21230
Rubin, Melvin N.	8512 Green Lane—21207
Ruddie, Israel M.	6124 Edmondson Avenue—21228
Sable, Louis	917 Kenbrook Drive, Silver Spring—20902
Sachs, Albert	7004 Deerfield Road—21208
Sachs, Michael	Washington Street & Park Place, Leonardtown—20650
Sachs, Raymond	6 Coral Drive, N. Lexington Park—20653
Samson, Irwin Louis	829 Smoketree Road—21208
Santoni, David A.	3520 E. Lombard Street—21224
Santoni, Henry A.	4301 Belair Road—21206
Sappe, Milton C.	1184 Washington Blvd.—21230
Sapperstein, Jacob H.	Cockeysville—21030
Sappe, Milton J. 3.	Box 243 Route 4, Annapolis—21400
Satsky, William M.	4753 Bonnie Brae Road—21208
Satou, Marcus	1726 E. Pratt Street—21231
Schapiro, Oscar M.	Jarrettsville-Paper Mill Rd., Phoenix, Md.—21131
Scheinker, William H.	Belvedere Towers, 1190 W. Belvedere Avenue—21210
Schenker, Philip	2801 Guilford Avenue—21218
Scherr, Morton B.	901 Eastern Avenue—21221
Scherr, Stanley	Furnace Branch & Seagrove Roads, Glen Burnie, Md.—21061
Schiff, Howard R.	Lafayette & Poplar Grove Streets—21216
Schindel, Howard E. 3.	508 Fairview Avenue, Frederick, Md.—21701
Schmidt, Charles J. 3.	1320 Windemere Avenue—21218
Schmidt, George M.	Box 25, Cecilton, Md.—21913
Schnaper, Morton J.	6900 Arlington Road, Bethesda—20014
Schrader, Harry L.	347 S. Smallwood Street—21223
Schumer, Donald A.	1200 Pennsylvania Avenue—21217
Schwartz, John T.	401 Washington Avenue—21204
Schwartz, Nathan	Solomon Island Road, Edgewater—21037
Schwartz, Simon	209 Edgewood Road, Edgewood, Md.—21040
Schwatka, W. Herdman, Jr.	600 Sussex Road, Towson—21204
Schwartzman, Alfred	5500 Park Heights Avenue—21215
Seidman, Henry G.	2907 Fallstaff Road—21209
Sellers, Harry H.	608 Frederick Street, Cumberland, Md.—21502
Serpick, David Y.	2002 Fallstaff Manor Ct.—21209
Serpick, Jacob	3205 Labyrinth Road—21208
Shalowitz, Marion	115 Marlboro Avenue, Easton—21601
Shangraw, Ralph F. 2.	1313 Biddle Ct.—21228
Shapiro, Joseph W. 1.	1832 E. Monument Street—21205
Shaughnessy, W. T.	6516 Landover Road, Landover, Md.—20785
Sheetz, Randall Lynn	14 Long Drive, Cumberland, Md.—21501
Sheller, Samuel J.	6661 Sanzo Road—21209
Shelton, Wesley N.	925 Harlem Avenue—21217
Shenker, Morris	R.F.D. No. 2, Box 307 Annapolis, Md.—21401
Sherer, Gerald	6812 Parsons Avenue—21207
Sherr, Harold G.	3238 Southgreen Road—21207
Shipley, Albert R.	5743 Maple Hill Road—21214
Shochet, Irving E.	3401 Dundalk Avenue—21222
Shulman, Emanuel V.	2334 Iverson Street, Washington, D.C.—20021
Shumaker, Roy H. 1.	404 Maryland Trust Bldg.—21202
Siegel, Paul	Super Giant Pharmacy, Lutherville, Md.—21093
Sienkielewski, Ramon B.	2327 Harford Hills—21234
Silverman, Albert M.	3325 E. Baltimore Street—21224
Silverstein, Morton I.	6705 Chippewa Court—21209

Simmons, Kenneth C.	2011 Viers Mill Road, Rockville—	20851
Simon, Alder I.	5708 Baltimore National Pike—	21228
Singer, George D.	4717 Eastern Avenue—	21224
Sinker, Robert S.	2204 Mark Ct., Silver Spring, Md.—	20900
Skolaut, Milton W.	411 Westside Blvd.—	21228
Skruck, Walter J.	Wheaton Plaza Shopping Center, Wheaton, Md.—	20902
Slama, Frank J.	348 Broadmoor Road—	21212
Small, Isidore Irvin.	6007 Park Heights Avenue—	21215
Small, Howard A.	1045 Maryland Avenue, Hagerstown—	21740
Smith, Bernard T.	1122 N. Charles Street—	21201
Smith, Joseph I.	5103 Woodside Road—	21229
Smith, Herbert C.	60 Florida Avenue, Washington, D.C.—	20002
Smith, Richard W.	Belair Shopping Center, Bowie, Md.—	20715
Smith, Rudolph M. J. Jr.	108 Main Street, Annapolis, Md.—	21400
Snellinger, J. Ernest.	5606 Main Street, Elkridge, Md.—	21227
Snyder, Paul J.	1 S. Paradise Avenue—	21228
Snyder, Robert E.	5520 Heatherwood Road—	21227
Sober, Norman.	921 Patapsco Avenue—	21225
Sollod, Melvin J.	9107 Riggs Road, Adelphi, Md.—	20783
Sollod, Sylvan, Jay.	635 E. Fort Avenue—	21230
Solomon, Samuel J.	3600 Labyrinth Road—	21215
Solomon, Simon.	3334 Clarks Lane—	21215
Soper, Martin J.	5519 Northgreen Road—	21207
Sophocleus, Theodore J.	8459 Church Road, Pasadena, Md.—	21122
Spano, Arthur N.	Green & Water Streets, Cumberland, Md.—	21501
Spear, Murray C.	8717 Allenswood Road, Randallstown—	21133
Spearbeck, Edward D.	5605 N. 8th Place, Arlington, Va.—	22205
Spigelmire, Charles E.	22 York Court—	21218
Spinelli, John A.	3130 Queens Chapel Road, Hyattsville—	20782
Standiford, Isaac W.	15 W. Belair Avenue, Aberdeen, Md.—	21007
Stark, Alvin.	6044 Central Avenue, Capitol Heights, Md.—	20027
Statter, I. Barry.	449 E. 25th Street—	21218
Stein, Stewart R.	39 W. Main Street, Hancock, Md.—	21750
Steinberg, Norman F. 2	1800 N. Charles Street—	21201
Sterling, Elmer W.	Church Hill, Md.—	21623
Stewart, Milton E.	8218 Wisconsin Avenue, Bethesda, Md.—	20014
Stiffman, George J.	2206 Crest Road—	21209
Stofberg, Robert 1.	1401 E. Cold Spring Lane—	21212
Strauch, John J.	1063 Maiden Choice Lane—	21229
Strauch, Joseph.	1626 Northbourne Road—	21212
Strauss, Bernard H.	320 Domer St., Laurel, Md.—	20810
Streett, M. Eugene.	21-23 S. Main Street, Bel Air, Md.—	21014
Struntz, James P.	1063 National Highway, LaVale, Md.—	21502
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